



THE HEALTH OF  
BLACKPOOL

1962



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COUNTY BOROUGH OF BLACKPOOL

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# *Annual Report*

OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE YEAR

1962

BY

*David W. Wauchob*

M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

## COUNTY BOROUGH OF BLACKPOOL HEALTH COMMITTEE

(As constituted 31st December, 1962)

THE WORSHIPFUL THE MAYOR, ALDERMAN J. S. RICHARDSON, J.P.

*Council Members on the nomination of the General Purposes Committee :*

Chairman:

Alderman J. H. HESSEY, J.P.

Vice-Chairman:

Councillor J. J. HARRISON.

Ald. W. STEVENSON.

Coun. C. CRITCHLOW.

Coun. K. MASSEY, J.P.

Coun. J. MITCHELL.

Coun. C. NUTTALL, J.P., F.C.A.

Coun. Mrs. J. ROBINSON, J.P.

Coun. J. STANHOPE.

Coun. A. E. WALTON.

Coun. Mrs. M. RILEY, J.P.

*2 Council Members on nomination of Education Committee :*

Coun. A. SAGAR.

Coun. Mrs. M. RILEY, J.P.

*2 Non-Council Members on nomination of Blackpool and Fylde Division of B.M.A. :*

R. E. N. TATTERSALL,  
M.R.C.S., L.R.C.P.

C. S. PHILIP, M.B., Ch.B.

*2 Non-Council Members on nomination of Blackpool Executive Council :*

C. H. MacKEITH, F.R.I.B.A.

P. VARLEY, M.P.S.

*5 Non-Council Members (Women) on nomination of Corporate Members :*

Mrs. J. HENSON, S.R.N.

Mrs. R. REVELL.

Mrs. H. ROBINSON.

Mrs. A. SHUTTLEWORTH.

Miss A. M. HAWORTH.

*1 Non-Council Member on nomination of Local Dental Committee :*

T. D. BOLTON, L.D.S.

*2 Non-Council Members on nomination of Blackpool and Fylde Hospital Management Committee :*

Mrs. A. DEAKIN.

J. A. WHITEHOUSE, J.P.

## RELATED HEALTH SERVICES COMMITTEE

THE WORSHIPFUL THE MAYOR, ALDERMAN J. S. RICHARDSON, J.P.

Chairman:

Councillor H. W. BARNES, J.P.

Vice-Chairman:

Councillor A. E. STUART, J.P.

Coun. G. E. BAGULEY.

Coun. E. BIBBY.

Coun. T. BOX.

Coun. W. COCKER.

Coun. H. COCKETT.

Coun. H. DEIGHTON.

Coun. L. GREENWOOD.

Coun. E. HARWOOD.

Coun. H. W. HEMSWORTH.

Coun. A. E. POGSON.

Coun. Mrs. M. RILEY, J.P.

Coun. J. P. RODGER.

Coun. J. STANHOPE.

Coun. W. TURNER.

Coun. A. E. WALTON.

Coun. C. CRITCHLOW.

## **PUBLIC HEALTH OFFICERS OF THE LOCAL HEALTH AUTHORITY**

(As at 31st December, 1962)

Medical Officer of Health and Principal School Medical Officer:

DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

HERBERT JAMES, L.R.C.P., L.R.C.S. (Edinburgh), L.R.F.P.S. (Glasgow), D.P.H.

First Assistant School Medical Officer:

MARY B. FALLOWFIELD JOEL, M.B., Ch.B.

Assistant Medical Officers and School Medical Officers:

KATHLEEN BALL, M.B., Ch.B.

MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow).

IVOR JAMES COPE, M.R.C.S., L.R.C.P. (London).

PHILIP LANG, L.R.C.P., L.R.C.S. (Edinburgh), L.R.F.P. & S. (Glasgow).

Principal School Dental Officer:

MARSHALL SMITH, L.D.S., R.C.S. (Eng.).

Consultant Dental Surgeon (Part-time):

H. ACKERS, M.B., F.D.S., R.C.S.E., R.F.C.S.

Dental Officers:

R. MARTYN, L.D.S. (Liverpool).

H. MARSHALL, L.D.S.

Mrs. J. HOPKINSON, L.D.S. (Manchester), (Part-time).

Mrs. D. A. J. H. ABBOTT, L.D.S., R.S.F.P.S.(G.) (Part-time).

### **ADMINISTRATIVE STAFF**

Chief Administrative Assistant:

JOHN A. BENTLEY, D.P.A.

Administrative Assistant:

R. PRYAR, A.C.C.S.

Section Chief Clerk (Clinics):

R. DOWLING.

Section Senior Clerks:

J. A. BRIERLEY.

J. RICHARDSON.

F. CURWEN.

Section Senior Clerk (Clinics):

Miss K. HULLAH.

Clerical Assistant:

Miss N. BROWN.

Secretary to Medical Officer of Health:

Miss I. WILKINSON.

Male Clerks:

Mr. B. WILKINSON.

Mr. J. COOKSON.

Female Clerks:

Miss M. TOPPING.

Mrs. E. A. PARKINSON.

Miss M. BROMLEY.

Miss E. B. ROBINSON.

Miss S. A. CHEERS.

Miss J. ROBINSON.

Mrs. P. R. EDMONDSON.

Miss B. JACKSON.

Mrs. B. MARTIN.

Mrs. B. SWIFT.

Miss M. BRAIN.

Shorthand Typists:

Miss M. DEARDEN.

Mrs. M. WILKS.

Miss A. DUGDALE

Telephonist:

Mrs. E. M. REID.

## HOME NURSING AND MIDWIFERY

Non-Medical Supervisor of Midwives and

Superintendent Nursing Officer:

Miss W. BARLOW, S.R.N., R.F.N., S.C.M., H.V.,  
Q.I.D.N.

Midwives:

Mrs. V. E. AINSWORTH, S.R.N., S.C.M.  
Mrs. E. CURD, S.C.M., S.E.N.  
Miss I. DUXBURY, S.R.N., S.C.M., Q.I.D.N.  
Mrs. L. HILL, S.R.N., S.C.M.  
Miss D. M. KEIGHLEY, S.R.N., S.C.M.  
Mrs. S. MARQUIS, S.R.N., S.C.M.

District Nurses:

Mrs. P. E. ADAMS, S.R.N.  
Mrs. D. BENNETT, S.R.N.  
Mrs. S. E. COOPER, S.R.N., Q.I.D.N.  
Mrs. E. CROOK, S.R.N.  
Mrs. J. DALE, S.R.N. (Part-time).  
Mrs. I. DEWHURST, S.R.N., Q.I.D.N.  
Mrs. C. DOBSON, S.R.N., R.F.N.  
Mrs. H. F. EARNSHAW, S.R.N.  
Mrs. R. ELLIOTT, S.R.N.  
Mrs. D. C. FOSTER, S.R.N.  
Mrs. E. GREATOREX, S.R.N., S.C.M., R.F.N.  
Mrs. G. HINDLE, S.R.N.  
Mrs. M. HOWARTH, S.R.N.  
Mrs. M. McROY, S.R.N., R.F.N.  
Miss A. W. PRIOR, S.R.N., S.C.M.  
Mrs. N. ROE, S.R.N.  
Mrs. L. M. ROBINSON, S.R.N.  
Miss M. ROSSALL, S.R.N., S.C.M., R.F.N.,  
Q.I.D.N., M.T.D.  
Miss A. SCOTT, S.R.N., S.C.M., R.F.N. (Part-time).  
Miss D. WEBSTER, S.R.N.

Male District Nurses:

Mr. C. E. HARRIS, S.R.N.  
Mr. J. H. RENNIE, S.R.N., Q.I.D.N.  
Mr. G. S. ROLLINSON, S.R.N.

## HEALTH VISITING

Superintendent Health Visitor/  
School Nurse:

Miss C. R. RYAN, S.R.N., S.C.M., H.V., Nursing Admin.  
(P.H.) Cert.

Health Visitors/School Nurses:

Mrs. A. BRINING, S.R.N., S.C.M., H.V., Q.N.  
Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V.  
Miss R. E. GILES, S.R.N., S.C.M., H.V.  
Miss J. GRIME, S.R.N., S.C.M., H.V.  
Miss O. D. HANSON, S.R.N., S.C.M., H.V.  
Miss C. HARDMAN, S.R.N., S.C.M., H.V.  
Miss D. HARRISON, S.R.N., S.C.M., H.V.  
Mrs. M. HARRAP, S.R.N., M.S.S.Ch., H.V.  
Miss A. R. HICKSON, S.R.N., S.C.M.  
Mrs. B. MARSDEN, S.R.N., S.C.M., H.V., S.I.  
Miss M. PARTINGTON, S.R.N., S.C.M., S.R.F.N.  
Mrs. M. MOULDING, S.R.N., S.C.M., H.V.  
Miss M. RYDER, S.R.N., S.R.F.N., S.C.M., H.V.  
Miss D. SALISBURY, S.R.N., S.C.M., H.V.  
Miss L. M. TAYLOR, S.R.N., S.C.M., H.V.  
Mrs. M. THOMPSON, S.R.N., S.C.M., H.V.  
Miss P. WROE, S.R.N., S.C.M., R.S.C.N., H.V.  
Mrs. M. C. JOHNSTONE, S.R.N., S.C.M., H.V. (Part-time).

Student Health Visitor:

Mrs. H. P. BROWN, S.R.N.

Clinic Nurses:

Mrs. A. DANIA, S.R.N.  
Mrs. N. DAVIES, S.R.N., S.C.M.  
Mrs. M. HATTON, S.R.N.  
Mrs. M. E. PARKER, S.R.N.  
Mrs. M. E. TWEED, S.R.N.

## PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector:

JOHN PICKARD, M.R.S.H., M.A.P.H.I., (a), (b), (d).

Deputy Chief Public Health Inspector:

A. DANIEL, M.A.P.H.I., (a), (b), (c).

Chief Meat and Food Inspector:

T. W. LOMAX, (a), (b).

Specialist Meat Inspector:

R. WRIGHT, M.R.S.H., A.M.I.P.H.E., M.A.P.H.I.,  
(a), (b), (c).

Specialist Smoke Inspector:

L. MOORHOUSE, M.A.P.H.I., (a), (b), (c), (d).



District Public Health Inspectors: E. SMITH, (a).  
W. MOISTER, (a).  
E. W. BURROWS, (a), (b).  
J. PARKINSON, (a), (b).  
L. W. ORMROD, M.R.S.H., M.A.P.H.I., (a), (b).  
J. GIBSON, M.R.S.H., A.I.P.H.E., M.A.P.H.I., (a), (b), (d).  
J. L. ROSCOE, M.B.E., M.R.S.H., M.A.P.H.I., (a), (b).  
D. BENNETT, M.A.P.H.I., (a), (b).  
E. L. COBB, (a), (b).

Pupil Public Health Inspectors: I. S. MILLER.  
R. HEBDEN.

Pestologist: A. H. HOWARD, F.Z.S., M.S.A.P., A.R.S.H.

### PUBLIC ABATTOIRS

Abattoirs Superintendent: W. RILEY, (a), (b).

### MENTAL HEALTH SERVICE

Mental Welfare Officers: Mr. T. DOUGLAS.  
Mrs. M. AITKEN.  
Mr. E. HAMBLETON.  
Mr. E. BOUND.

Junior Training Centre—  
Supervisor: Mrs. L. C. M. A. PRYAR, Dip. N.A.M.H.  
Assistants: Mrs. M. G. GRIFFITHS.  
Miss K. PARR, Dip. N.A.M.H.  
Miss P. THOMPSON, Dip. N.A.M.H.  
Mrs. M. WILBRAHAM (nee Hessey).  
Handicraft Instructor: Mr. H. J. DODD.

Belmont House (Mental Health Hostel)—  
Resident Warden: Mr. D. HUNT, S.R.N.  
Resident Manageress: Mrs. B. HUNT.  
Resident Deputy Warden: Mr. C. WOOLLEY.  
Resident Assistant Manageress: Mrs. D. WOOLLEY.

### HOME HELP SERVICE

Supervisor: Mrs. I. PARTINGTON  
Assistant Supervisor: Miss B. WADE.

### LIGHT TREATMENT

Physiotherapists: Miss S. J. CARROLL, M.C.S.P.  
Mrs. B. CHESTER, M.C.S.P.  
Mrs. W. SHORE, M.C.S.P. (Part-time).

### DAY NURSERY

Matron: Miss M. WHITEHEAD, S.R.N., S.C.M.  
Nursery Nurse: Miss N. ATKINSON.  
Assistant: Miss RYAN.

### AMBULANCE SERVICE

Ambulance Officer: Mr. F. DIXON.

### DENTAL SERVICE

Dental Attendants: Miss C. BANKS.  
Miss K. BRUCE.  
Mrs. M. K. BAYNES.  
Mrs. W. WOOD (Part-time).

### PUBLIC ANALYST

Public Analyst Mr. J. G. SHERRATT, B.Sc., F.R.I.C.  
Deputy Public Analyst: Mr. R. SINAR, B.Pharm., B.Sc., F.P.S., F.R.I.C.

(a) Cert. of R.S.H. and Sanitary Inspectors Examination Board.  
(b) Cert. of R.S.H. for Inspection of Meat and Other Foods.  
(c) Cert. of R.S.H. for Smoke Inspection.  
(d) Cert. of Sanitary Science.

*To the Chairman and Members of the Health and  
Related Health Services Committee.*

Ladies and Gentlemen,

The Annual Reports of the Medical Officer of Health during the past few years have shown an awakening interest and a considerable acceleration in the provision of local authority health services. In previous years it was stressed that the study of these services should always be undertaken in a critical manner to ensure that they met and satisfied the demands of the community. For the first time this has been done on a long term basis, although care must be taken to ensure that the plan is examined critically each year and brought up to date.

At the beginning of 1962 the Minister of Health presented to Parliament a plan for the development of the hospital services for the next ten years. Later a circular was received which asked that each local Health and Welfare authority should make a ten year plan for the development of their services, taking into consideration what was happening in the other authorities. This plan was prepared in consultation with the Local Medical Committee and the Hospital Management Committee, and was later submitted to the Regional Hospital Board and Blackpool Social Service Council for their observations and suggestions. An abridged version of the plan submitted to the Ministry of Health will be found in the body of the Report. Continual revision will require to be undertaken in conjunction with the development of the Victoria Hospital as a district general hospital for the area of Blackpool and the Fylde. The exercise of planning jointly for provisions for the health of the community in the future should yield considerable benefits for increased co-operation. The year 1962 can therefore be looked on as a springboard from which we are preparing to go forward for the next ten years.

### **Vital Statistics**

It is customary in an Annual Report to comment on the details of statistics made available by the Registrar General. In spite of their limitations the statistics show that the year has in general been favourable. The population, as recorded by the figures from the Registrar General, shows an increase of 3,185 to 153,185. It should always be remembered that these are estimates, but the figures based on the 1961 Census are a realistic assessment of the present population in Blackpool. The birth rate was 14.6 per 1,000 of the population as compared with 13.9 in 1961. At the other end of the scale, at death 1 in 9 of the population had attained the age of 85 and over. As anticipated in the previous Reports there has also been an increase in the number of illegitimate births which amount to 10.3 of the total live births, but as has also been shown in a previous Annual Report, almost 50% of these are attributable to girls who were residing outside the Borough at the time of their conception. These figures reflect a way of life rather than illness. Figures given by the Consultant Venereologist for patients attending the Special Treatment Clinics for the first time indicate that the increase in venereal disease reported in various parts of the country has not occurred locally. The increase in numbers has mainly occurred in those who have reported for "check-ups" which followed an intensification of a national programme on health education in 1960 and was accompanied by a correspondent drop in numbers of cases of gonorrhoea. The figures relating to syphilis do not show the same changes as these cases are often seen at a later stage of the disease.

### **Infectious Diseases**

The statistics relating to infectious disease show how fortunate we have been in escaping some of the major epidemics which occurred in several parts of the country. The incidence of infectious disease has been low and no cases of diphtheria were reported for the twelfth successive year. Our run of three years without poliomyelitis was broken by the occurrence of one case due to polio virus type 1. It is regretted that this child had not received immunisation against this disease. A considerable outbreak of poliomyelitis on the east coast led to the freeing of oral vaccine for use amongst certain groups of the population. There was high acceptance rate



amongst schoolchildren and the success of the venture was in many ways due to the assistance which was received from the staff of the schools, particularly the heads and teaching personnel.

During the year the Department also undertook, in conjunction with the Public Health Laboratory, investigations into the complications of measles. It is likely that in the near future a vaccine will be introduced which will further reduce common childhood infections. It is hoped that the concentrated efforts now being made to produce a combined vaccine will be successful and before long that it will be possible to halve the number of injections required.

### **Maternity and Child Welfare**

The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery and bears healthy children. The continued high attendance rate at the infant welfare and ante-natal clinics shows that the mothers in Blackpool appreciate the services which the local authority make available to all childbearing women.

The Health Committee have been aware that in the south end of the town it has not been possible for all those who would wish to attend clinics. During the year purchase was made of land in Abbey Road to provide a combined maternity, child welfare, and school clinic. In addition extensions were also made to Layton Clinic to provide for a health visitors' room

In previous Reports reference has been made to an incidence of congenital abnormalities which is definitely above the national average. This has again continued but interest has been highlighted by the deformities which occurred after the use of thalidomide by mothers during their pregnancy. So far as is known, there were no cases of deformities attributable to this drug in Blackpool, which was neither prescribed nor recommended at the clinics. However, it did tend to focus attention on the difficulties of gathering information which would be relevant, as most surveys in the past have been retrospective and it is extremely difficult for a mother, after her child is born, to remember exactly what drugs she has taken or what illnesses she has suffered from at the beginning of her pregnancy. With assistance from Manchester University, arrangements were made to complete a questionnaire card to derive information which may be helpful in establishing certain trends. It will be appreciated, however, that the number of congenital abnormalities in any year is low, and it will be many years before sufficient information can be collected to provide reliable data.

The day nursery continued to provide useful care and supervision for those children whose families or mothers were in the priority classes. There has been a considerable growth in the number of child minders, which indicates a growing need for this type of accommodation. This can only be expected since increasing calls are being made to mothers who are nurses or teachers to return as early as possible to their respective professions. If this is to be done then some arrangements must be made to care for their children. This will probably be a growing trend, co-incident with the lowering of the average age at marriage.

### **Midwifery**

A steady increase in the number of confinements has also been reflected in the increase of those which have taken place at home, which during the year amounted to 435. This, in addition to the work which is placed on the domiciliary service by the earlier discharge from hospital, necessitated an increase in the establishment of midwives to seven, which now brings the average cases per midwife to 60 per year. This however does not take into consideration the amount of ante-natal work which is carried out on mothers who are subsequently confined in hospital, and the low number of midwives employed makes it difficult to institute a night rota system, whereby midwives can be certain of having a night off. If these pressures continue it is almost certain that a further increase in the establishment of midwives will be necessary.

## Health Visiting

1962 was considered to be the Centenary of Health Visiting. To mark this Blackpool Health Visitors held a Health Visiting Exhibition Week in November, and a formal reception was held when Miss C. Ryan, Superintendent Health Visitor, as a memento of the occasion, presented a piece of silverware to Blackpool Corporation and a cheque to the Blackpool and Fylde Hospital Management Committee. This cheque was to provide a prize for the student nurse who submitted the best essay on the Public Health aspects of nursing, to be presented annually. The Health Visitors are to be complimented on their initiative and their efforts to improve relationships between the hospital, the general practitioners and themselves. During the year several of the Health Visitors contacted general practitioners and offered to visit any cases selected by them. This scheme is experimental. Difficulty has been experienced in extending it owing to the relatively few group practices in the area and the still inadequate number of Health Visitors available to give cover to every general practitioner. It is hoped that this extremely valuable link between general practice and the Health Department will increase and help to provide greater support for the aged in the population. It was realised that if this service was to develop properly it was essential that Health Visitors should have easy means of transport. The Corporation inaugurated a car loan purchase scheme to apply to District Nurses, Midwives and Health Visitors. Many of the staff are taking advantage of this opportunity and it has resulted in a greater increase in the amount of visits which can be paid by individual members.

## HOME NURSING

The training of District Nurses continues satisfactorily, but it is appreciated that it will be some time before all the nurses have the opportunity of obtaining the Queen's Institute certificate, as only two can be released at any time.

More and more of the Home Nursing Service is directed towards the care of the elderly, and injections remain a high proportion of their duties. An increasing number of patients require lifting, and thought will have to be given to some means of assisting the nurses, possibly by the use of hoists.

## Home Help Service

There has been a constant expansion to meet the increasing requests for this service, and 116 Home Helps are at present employed. Hours vary from 20 to 40 hours per week, but in spite of the additional numbers employed we are still unable to meet the heavy demands. Thought will have to be given to the provision of training facilities for Home Help service, both for improving the work which they themselves carry out and for co-ordinating the work with that of other Sections of the Department. It was apparent from reports made by both the Home Nurses and the Home Helps that there was need for a laundry service for incontinent patients to be established. Arrangements were made to give provision for this in the next financial year.

## Vaccination and Immunisation

Outbreaks of smallpox in Bradford and South Wales which received nation wide publicity resulted in an increased number of parents requesting smallpox vaccination. Although the general policy is to restrict vaccination to contacts of the suspected case, and others likely to be at special risk, there was a very considerable demand from the public for vaccination against the disease. In spite of continual reassurance, up to 600 additional people appeared for vaccination at the normal clinics run for this purpose throughout the town. No special clinics were held for smallpox vaccinations, nor were schools visited to immunise schoolchildren. Complaints were received, however, of mothers and children having to wait for consultation until these queues of people had received their vaccination.

Vaccination provides young children with an immunity against smallpox which can be expected to last for several years and it ensures that there will be less likelihood of a severe local reaction or of any rare complication if re-vaccination is performed later in life. The wisdom of having this procedure carried out in childhood is demonstrated, if for no other reason than to allay public anxiety.



There is continual need for the value of immunisation procedures to be brought to the notice of the public. The following figures give little cause for satisfaction :—

Diphtheria—64% immunity in Blackpool ; 54% in England and Wales.

Smallpox—74% immunity aged under 2 in Blackpool ; 70% immunity aged under 2, England and Wales.

Poliomyelitis—78% under 20 in Blackpool, but 83% under 20 in England and Wales.

The programme of immunisation continues to be pursued vigorously. During the year arrangements were made for the hospital to have a duplicate copy of immunisations carried out on a child, by the local authority, or general practitioners. This valuable method of co-operation ensures that the hospital is immediately aware of the actively immunised state of the child against tetanus and so reduces the need for the use of anti-tetanic serum with its possible attendant complications.

### **Ambulance Service**

The Ambulance Service is kept under constant review and the year has seen a further addition in staff due to the increasing demands on the service. 15,000 more sitting cases were removed, mainly due to the increased use of ambulances for the removal of children of the Training Centres, and 600 more emergency cases were dealt with. Further expansion of the service both in personnel and in vehicle strength is included in the Ten Year Development Plan, and there is no doubt that the present Ambulance headquarters is inadequate for the purpose. The substantial increase in the cases this year, together with the trend over the past years, suggests that there is little immediate prospect of the demands on the service achieving any degree of stability. Some concern was expressed during the year at the high level of overtime. It was found that whilst a considerable amount of overtime was unavoidable, owing to the exigencies which may arise from time to time, some reduction could be made by the appointment of additional staff, and this was put into operation. During the year an ambulance driver and attendant were complimented by the Chief Constable for their exemplary road manners and courtesy, following an incident where they assisted tiny children across a busy street. He indicated that it was a pleasant change to observe people going out of their way to set a high standard of road behaviour.

During the year Blackpool ambulances were equipped with blue flashing beacons to replace the flashing "Ambulance" signs. It was hoped that these would be a more effective warning to the public and other road traffic that the vehicle is engaged on an emergency.

### **Prevention of Illness, Care and After Care**

To the widespread activities undertaken under this section has been added the campaign for the fluoridation of water supplies. There can be no doubt about the value of this measure as a means of preventing dental decay, but the signs are that there will be considerable propaganda by bodies opposed to this measure for one reason or another. Measures will be taken to inform the public of the facts relating to fluoridation so that they will be in a position to assess the benefits which would accrue from adopting this procedure.

Following a considerable number of articles in various medical journals, it was considered that attempts should be made to carry out a diabetic survey of the population in Blackpool. With the high proportion of elderly people it was felt that it might be a useful preventative measure. The details of the scheme will be found in the body of the Report, but it is equivocal whether the results obtained are sufficient to merit further time and expenditure on this experiment.

Demand for the chiropody service is as great as ever, and employment at the end of the year of a full-time chiropodist helped to resolve some of our difficulties, the waiting list being considerably reduced.

The demand for Meals on Wheels as provided by the W.V.S. continues to grow, and during the year 3,312 dinners were served by them. The value of this measure has been noted by all who are concerned with the care and welfare of old people.

## **Mental Health**

In addition to the full account of the work of this section, which will be found later in the Report, it is perhaps worthy of mention that active steps were taken to provide an Adult Training Centre. This will take over from the Blackpool Society for Mentally Handicapped Children who over the past few years have been doing sterling work in providing for the needs of the adult mentally handicapped. This organisation and the National Association for Mental Health to which it is affiliated have done much to make the attainment of good mental health a desirable aim. They have done much to ensure that the Mental Health programme appeals to ordinary people as being sensible and practical and not merely an idealistic dream.

## **Health Education**

It would be a pity if the health worker were deterred by what would appear to be the ineffectiveness of the present campaign relating to smoking and lung cancer. In this respect it is perhaps as well to remember that a leader in the Times during the last century stated "We would prefer to take our chance of cholera and the rest than be bullied into health". As a health department we must continue to bring the facts before the public so that they by free and conscious choice can bring about the necessary changes. Generally this is a slow process covering a generation or two, but it is certain that the continuing rise of lung cancer must ultimately force the public to active participation rather than the amused negative reaction apparent at present, and common sense will ultimately prevail.

The Central Council for Health Education again provided a team of lecturers for a two-day study group. Besides the obvious direct benefit, this was useful in bringing together the Health Department and other social workers in the Local Authority and the members of voluntary organisations. There was an opportunity for a two-way flow of ideas and exchange of views which it is hoped will prove useful in integrating the social and medical organisations to provide more complete care for the community.

Once again, with the able assistance and co-operation of the Technical College a further course on Hygiene and Food Handling was organised to qualify students for the examination of the Royal Institute of Public Health and Hygiene. The continued support of many trades and organisations for this course is most encouraging, and indicates the progressive outlook of the primary industry of this town.

## **Public Abattoirs**

A meeting with the meat traders on the proposed new abattoir did not produce agreement and the authority has therefore been unable to proceed further with plans and proposals. One positive fact has emerged, that cost would prohibit the provision of a multiplication of small individual units in a new abattoir, and some form of line system would need to be adopted.

## **Clean Air**

Three Volumetric Atmospheric Pollution Machines were purchased. Two were in operation from the 1st January and the third from 1st July.

Initial results indicate that the heaviest pollution is found in Devonshire Road Hospital where at present most of the patients are admitted suffering from chest complaints.

An interesting comparison can be made between the degree of atmospheric pollution per month and the number of cases of illness due to respiratory disease amongst members of the police. Details of this will be found in the body of the report but it must be remembered that other factors are also involved in addition to smoke pollution.

The information collected will be of value when the supply of smokeless fuels allows the local authority to proceed with smoke control areas.



## Houses in Multiple Occupation

There has been continued increase during the year of houses in multiple occupation, both for permanent occupation and those used as holiday flatlets. The additional powers given by the 1961 Housing Act have proved useful in ensuring better conditions to meet the changing demands of a dynamic society. One of the difficulties in laying down standards is that these generally are applied for many years and those which have been used up to now have been in existence for 40 years at least. Standards will have to be applied which will ensure that the accommodation will prove attractive to as many visitors as possible, and discourage the type of householder who is quick to take advantage of any serious shortage of accommodation. It is certain that the number of applications for conversion to holiday flatlets will increase, and it is hoped that the owners will adopt as progressive a policy in this matter as they have in others affecting the main industry of the town.

## Professional Education

Staff successes :

Miss P. Thompson—Dip. N.A.M.H.

Mr. E. Cobb—Meat and Other Foods Certificate, Royal Society of Health.

Mr. J. Cookson—Clerical Division Examination.

Misses Grime and Taylor and Mrs. Harrop—Health Visitors' Certificate. Miss Grime obtained Corporation of Aberdeen prize for best all-round student.

Mr. T. Douglas—Part I, B.Sc. Economics.

These members of the staff are to be congratulated on the successes that have been achieved. Mr. Douglas is to be complimented on having obtained 1st equal in England on having won a £10 prize awarded by the L.S.E. The University Authorities indicated that as a result of his success he could sit his final in a shorter period than was usually required.

Training of Pupil Midwives continued. 28 passed through our hands in 1962 ; 7 were still in training at the end of the year.

An in-service training course by the Central Council for Health Education was held on the 20th and 21st November, 1962 and attended by all staffs concerned in the social welfare of the public.

The public expect the Public Health Department to protect it from hazards and promote the happiness and health of everyone. Unquestionably much continued effort will be required by competent professional staff to ensure the day-to-day application of modern preventative and control measures. To ensure a supply of first-class staff for the future, further expansion will be required in post entry training and professional education.

## Conclusion

The success of the Public Health programme is dependent on team approach by many workers, and one of the advantages of a department embracing all these disciplines is the support which can be brought to the solution of any problem. It is also pleasant to be able to rely to a large extent on the family doctors, and I should like to thank them for their wholehearted support.

I wish to place on record my thanks to the many departments of the Corporation for the help which has been received. Close liaison between the Director of Education and Chairman and members of the Education Committee has been a feature of the past year. I am deeply grateful to all members of the staff for their loyal response to all demands which have been made upon them.

To the Chairman and members of the various Committees I should like to tender my thanks and appreciation for their continued support throughout the year.

Municipal Health Centre,  
Whitegate Drive,  
Blackpool.  
Tel. No. : Blackpool 63232.

D. W. WAUCHOB.  
*Medical Officer of Health.*

## GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

Area (exclusive of foreshore) ... ..	8,650 acres
Area (exclusive of foreshore) shown in 1961 Census Report ... ..	8,609 acres

### GENERAL STATISTICS

Area of foreshore and Tidal Water ... ..	2,068 acres
Population (Registrar General's estimate mid-year 1962) ... ..	151,250
Population (Census 1961) ... ..	153,185
Number of inhabited houses	52,294
Number of empty houses	547
Rateable value of the borough	£3,569,494
Product of a Penny Rate	£14,267

### SOCIAL CONDITIONS IN THE BOROUGH

The population according to the Registrar General's estimate for mid-year 1962 has risen by 1,250 to 151,250. A recently published report, however, on the 1961 Census gives a population figure of 153,185. The last Census held in 1951 showed a population of 147,332.

The final report should reveal interesting data with regard to the break down of Age Groups, and it can be anticipated that a large proportion of the population of the town will be in the older groups.

The natural tendency of retirement to resorts, coupled with the inevitable migration of the young person seeking full time employment in the more industrial towns, give special reason for this state of affairs. Although light industries have sprung up in the outskirts of the town, it is felt that there is still insufficient scope to keep the young person in town.

Blackpool, with its comparatively clean air and entertainments, attracts thousands of visitors each year, and its main industry revolves, therefore, on catering and entertainments. It has been freely expressed, however, that without spoiling the town, larger industries would be welcome to offset the out of season unemployment figures.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the seasonal influence on the town's employment.

#### Unemployed

	Men 18 and over	Women 18 and over	Boys under 18	Girls under 18	Total
18th June, 1962 ... ..	874	228	14	21	1,137
10th December, 1962 ... ..	2,363	964	89	63	3,479

#### Registered Disabled Persons

On Register at 15.10.62 ...	2,188	411	(Included in Adult figures)		2,599
-----------------------------	-------	-----	-----------------------------	--	-------

Unemployed disabled persons suitable for ordinary employment at 10.12.62 :

Men 18 and over	Women 18 and over	Boys under 18	Girls under 18	Total
269	44	(Included in Adult figures)		313



Unemployed disabled persons suitable for sheltered employment at 10.12.62 :

Men 18 and over	Women 18 and over	Boys under 18	Girls under 18	Total
16	—	(Included in Adult figures)		16

**Unemployment.** The first three quarters of 1962 were comparatively uneventful and unemployment fell into the seasonal pattern which has come to be recognised as normal in all holiday resorts ; high in winter and low in summer. In the last quarter, however, Blackpool encountered the full impact of the general economic recession which beset the whole country and unemployment rose to the highest peak since the end of the second world war.

**Disabled Persons.** The placing service to the disabled was affected by the general scarcity of jobs. Nevertheless, a total of 462 disabled persons were placed in ordinary employment and two were placed in sheltered workshops.

Most employers in the area continued to employ the statutory quota of disabled persons.

## METEOROLOGY

I am indebted to Mr. W. V. Smith, Meteorologist-in-Charge of the Air Ministry Meteorological Office at Squires Gate Airport, for supplying the very interesting features of 1962.

### Rainfall

It was, in fact, the driest year since 1955 (25.25"), drier even than 1959, which was notable for its exceptionally dry summer and early autumn period.

Some measurable rain fell on 184 days, but of these only 125 can be classified as "wet". Completely dry days just topped the century mark at 101. The wettest day was 23rd August, when just over an inch was recorded in 24 hours.

The longest dry spell again occurred in the Spring quarter, between 22nd April and 4th May, when only a trace fell. In contrast, the highest number of consecutive days upon which some rain fell was 9—in December.

### Sunshine

Total recorded was 1553.9 hours at the average daily rate of 4.27 hours. This compares with 1526.2 hours in 1961, and 1365.7 hours in 1958, which was a wetter than average year.

Sunniest month was again June with 229.3 hours.

Sunniest day was the 31st May, when 15.2 hours were measured.

Dullest month was November, with only 52.0 hours.

Some idea of the predominantly cloudy nature of 1962 can be obtained from the fact that—on average—at least one day in every three (124) had one hour's sunshine or less.

On the other hand, the tendency for bright periods to occur along the coastline in impromptu fashion is partly illustrated by the fact that no fewer than 80 days had 5 hours or more sunshine, and between May and September 10 hours or more were registered on 32 days. A thousand hours of sunshine occurred between 1st April and 7th September at the average daily rate of 6.54 hours.

## Temperature

Mean temperature for the year was  $8.5^{\circ}\text{C}$ . ( $47.3^{\circ}\text{F}$ ). This is  $1.5^{\circ}\text{F}$ . below the normal of  $48.9$ .

Warmest month was July, coldest was December.

Warmest day was 9th July ( $25.4^{\circ}\text{C}$ .) ( $77^{\circ}\text{F}$ .)

Coldest night was 2nd January ( $-11.5^{\circ}\text{C}$ .) ( $11.3^{\circ}\text{F}$ .)

There were only two days throughout the whole year when the day maximum temperature rose to  $21^{\circ}\text{C}$ . ( $70^{\circ}\text{F}$ .) or above.

For six consecutive months (March—August inc.), temperatures were below the normal.

Mean temperature for each month is given below in dgs. Fah. :

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Mean ....	39.5	40.7	37.0	44.6	50.1	55.1	58.7	58.2	54.8	50.4	43.0	36.9
Av. ....	39.7	39.9	42.2	45.9	51.6	56.6	59.9	59.8	55.9	50.3	43.8	41.0

## Comments on the year as a whole

Another year to add to the long list of postwar penuries : though the winter itself was for the fourth successive year relatively mild and innocuous, and rain, whether falling gently or with abandon, was never in profusion. The weather was persistently cold throughout the Spring quarter—thereby demonstrating so effectively why clouds should never be discarded before the 1st of June.

July and August, arch villains in the twelfth season of “ Summer Agonistes ” laid before the British public since the war, were in 1962 inopportunately abetted by an erratic September, which was a disappointment to all.

October, however, endowed us with the high pressure system we had sighed for three months previously and brought us a much cherished Indian Summer—until the 28th, when it vanished, almost apologetically for the intrusion, in the wake of a Southwesterly gale.

November saw “ normalcy ” restored, producing much of the adverse irritating weather to which it has become heir, and December, we now know, was the grim talisman, heralding the incipient stages of what was to emerge in 1963 as the coldest Winter in the Fylde for 82 years.

For much of 1962, especially from the end of February to September, the British Isles lay in a sort of meteorological “ No man’s Land ”, twixt high and low pressure areas, producing much weather that is neither good nor bad but indifferent.

With the Azores anticyclone, one of the few benefactors of British climate, reluctant to project from its natural habit, and with Atlantic depressions spinning close to our Western seabords for long periods, the results, when not easily identified by the familiar frontal masses, could be interpreted as “ fringe ” weather.

This frequently expressed itself in long periods of cloudiness, restricting both sunshine and temperature values particularly in Western and Northern regions.

The favourable topography of the Fylde coast ensured an above average number of dry, sunny periods, but the vile persistence of winds from polar latitudes—with brief respites—from late February until well on in September, maintained unusually cold or cool weather throughout. This is typically illustrated by the fact that only twice in 1962 did the day maximum reach  $75^{\circ}$ , although oft times bracing sea breezes were inducing palliative treatment !



It is true, though sad to relate, that there has been no sustained measure of heat over the British Isles since the great summer of 1959, except, of course, that produced by the avid arguments seeking explanations of its absence.

**Outstanding features**

The occurrence of 8 gales within 13 days in January with some gusts well above hurricane force.

Occurrence of the highest wind gust known since the war—101 m.p.h. on the 15th December.

The coldest March on record.

**VITAL STATISTICS**

	Male	Female	Total
Live Births : Legitimate ... ..	924	862	1,786
Illegitimate ... ..	106	99	205
Birth Rate (Crude) per 1,000 pop. ...		13.2	
Birth Rate (Standardised) per 1,000 pop.		14.6	
Stillbirths : Legitimate ... ..	21	21	42
Illegitimate ... ..	3	4	7
Rate per 1,000 births (live and still) ...		24.0	
Rate per 1,000 population ... ..		.3	
Total live and still births ... ..	1,054	986	2,040
Infant Deaths ... ..	29	21	50
Infant mortality rate per 1,000 live births—total ...		25.1	
Infant mortality rate per 1,000 live births—legitimate		28.0	
Infant mortality rate per 1,000 live births—illegitimate		24.4	
Neo-natal mortality rate per 1,000 live births ... ..		18.0	
Illegitimate live births per cent. of total live births ...		10.3	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births). ... ..		15.0	
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births) ... ..		38.7	
Maternal deaths (including abortion) ... ..		Nil	
Maternal mortality rate per 1,000 live and still births		Nil	

**BIRTHS**

The number of live births resident in Blackpool during 1962 was 1,991, an increase of 110 on the previous year. The crude birth rate is 13.2 per 1,000 population, and the adjusted birth rate is 14.6. The rate for England and Wales with which the local adjusted rate should be compared is 18.0.

The Blackpool birth rate shows an increase of 0.7 on the previous year, and an improvement of 0.1 in comparing the rate with that of England and Wales against last year.

**Illegitimate Births.** During the year 205 such births were registered, resulting in a rate of 1.4 per 1,000 population, and amount to 10.3 per cent. of the total live births. The England and Wales rate for 1961 was 6.6 per cent.

**Stillbirths.** Stillbirths registered during 1962 totalled 49, again an increase on last year, and gives a rate of 24.0 per 1,000 total births. England and Wales however, shows a decrease and gives a rate of 18.1 (provisional).

## RECENT POPULATION CHANGES IN THE BOROUGH

1961 showed a steep increase in the population due to the publication of the Registrar General's estimated figure based on the 1961 Census.

This year shows a further, if not spectacular, increase. Deaths have again exceeded births, this year by 671, but nevertheless to account for the present population a figure of +579 must be shown as due to migration. Further Census figures published in July of 1963, however, show a further increase in the population and therefore shows a migration figure of +2,514.

The Fylde area, under the administration of the Lancashire County Council Health Division No. 3, to which many of this town's population has migrated, once again shows an increase of 2,240, bringing the total figure of their area, which includes Garstang, to 127,840.

It is common knowledge that the cause of this movement is the recent development in the rural areas of housing communities, and the small, modern suburban houses and bungalows are an attraction to the young persons.

Year	Midyear Population Registrar General's Estimated Figure	Population change during year	Change in Population due to births and deaths only during year	Change in Population due to migration
1951	146,300	—3,300	—1,061	—2,239
1952	147,300	+1,000	— 656	+1,656
1953	147,700	— 600	— 383	— 126
1954	147,500	+ 800	— 779	+1,579
1955	147,200	— 300	— 769	+ 469
1956	146,500	— 700	— 687	— 13
1957	145,600	— 900	— 629	— 271
1958	144,500	—1,100	— 743	— 357
1959	143,600	— 900	— 657	— 243
1960	143,530	— 70	— 556	+ 486
1961	150,000	+6,470	— 702	+5,768*
1961 (Census)	153,185	+3,185	— 671	+2,514
1962	151,250	+1,250	— 671	+ 579

\*Steep increase due to rise in the estimated population based on preliminary 1961 census figure.

## DEATHS

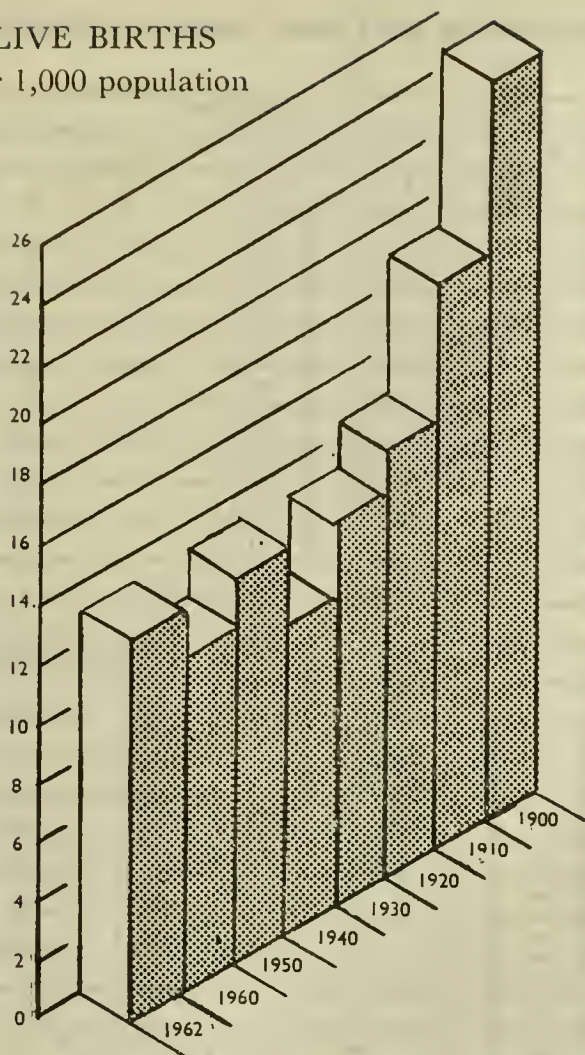
Deaths	...	...	...	...	...	Male	Female	Total
						1,344	1,318	2,662
Death Rate (Crude) per 1,000 pop.							17.6	
Death Rate (Standardised) per 1,000 pop....							14.8	
Death Rate for England and Wales							11.9	

The percentages of deaths in various age groups with corresponding figures for previous years are shown below :—

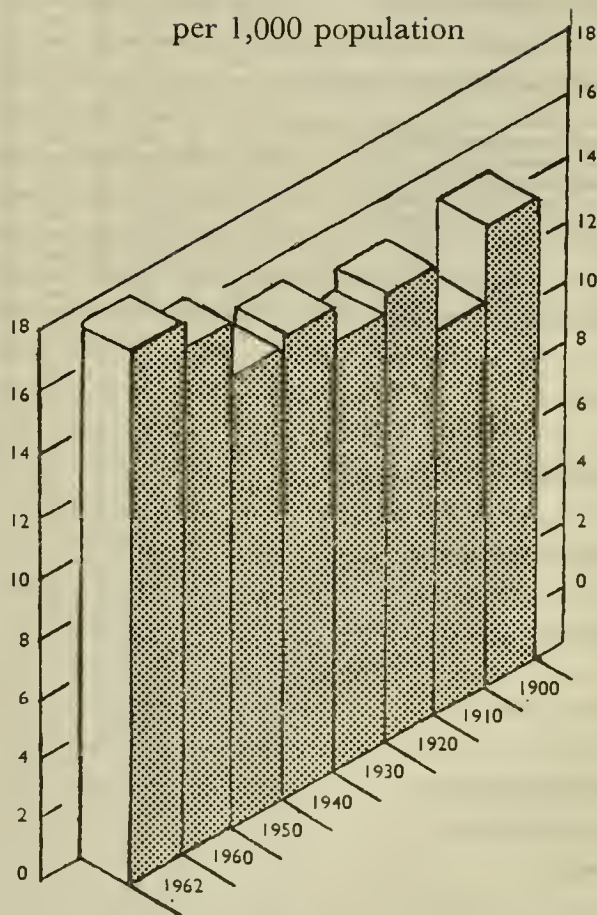
AGE	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Under 12 months	3.7	4.5	3.5	2.1	2.7	2.1	2.0	2.1	2.0	2.06	1.78	1.67	2.05	1.79	2.07	1.7
1 year and under																
5 years...	.9	.6	.2	.2	.4	.5	.4	.4	.3	.30	.34	.13	.16	.29	.21	.4
5 years and under																
15 years...					.3	.3	.3	.3	.3	.05	.37	.34	.29	.17	.12	.1
15 years and under 65 years...	34.0	32.2	32.3	30.7												
					27.9	28.4	26.6	29.1	28.4	27.13	26.82	27.64	26.49	25.58	25.94	25.6
65 years and over																
75 years and over	61.4	62.7	64.0	67.0	68.7	68.7	70.7	68.1	69.0	70.46	70.69	70.22	71.01	72.17	71.66	71.7
85 years and over																



LIVE BIRTHS  
per 1,000 population



DEATHS  
per 1,000 population



The details in the following table showing total deaths allocated to Blackpool classified according to cause and sub-classified into sex and age groups, are furnished by the Registrar General.

# Causes of death at different periods of life in the County Borough of Blackpool

		All ages	Age at Death						
			0—	1—	5—	15—	25—	45—	65—
Tuberculosis, respiratory ...	M	11	—	—	—	—	1	6	4
	F	1	—	—	—	—	—	—	1
Tuberculosis, other ...	M	1	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—
Syphilitic disease ...	M	4	—	—	—	—	2	1	—
	F	—	—	—	—	—	—	—	—
Diphtheria ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Whooping Cough ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Meningococcal infections ...	M	1	1	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Measles ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Other infective and parasitic diseases...	M	3	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach...	M	56	—	—	—	—	1	18	22
	F	35	—	—	—	—	—	7	11
Malignant neoplasm, lung, bronchus...	M	80	—	—	—	—	3	35	28
	F	19	—	—	—	—	1	10	4
Malignant neoplasm, breast ...	F	40	—	—	—	—	4	19	9
Malignant neoplasm, uterus ...	F	23	—	—	—	—	—	9	10
Other malignant and lymphatic neoplasms ...	M	117	—	—	1	1	2	30	41
	F	117	—	—	—	1	2	39	39
Leukaemia and aleukaemia ...	M	2	—	—	—	—	1	1	—
	F	2	—	—	—	—	—	1	1
Diabetes ...	M	4	—	—	—	—	—	2	—
	F	17	—	—	—	—	—	3	4
Vascular lesions of nervous system ...	M	175	—	—	—	—	1	36	65
	F	255	—	—	—	—	—	30	79
Coronary disease, angina ...	M	316	—	—	—	—	8	106	126
	F	211	—	—	—	—	2	36	81
Hypertension with heart disease ...	M	18	—	—	—	—	—	6	5
	F	17	—	—	—	—	—	3	4
Other heart disease ...	M	164	—	—	—	—	3	20	49
	F	241	—	—	—	1	2	19	45
Other circulatory disease ...	M	48	—	—	—	1	1	10	15
	F	61	—	—	—	1	1	9	10
Influenza ...	M	10	—	—	—	1	—	2	4
	F	7	—	—	—	—	—	1	1
Pneumonia ...	M	43	6	—	—	1	2	8	9
	F	36	2	2	—	—	—	3	9
Carried forward ...	M	1,053	7	—	1	4	25	281	369
	F	1,043	2	2	—	3	12	189	296



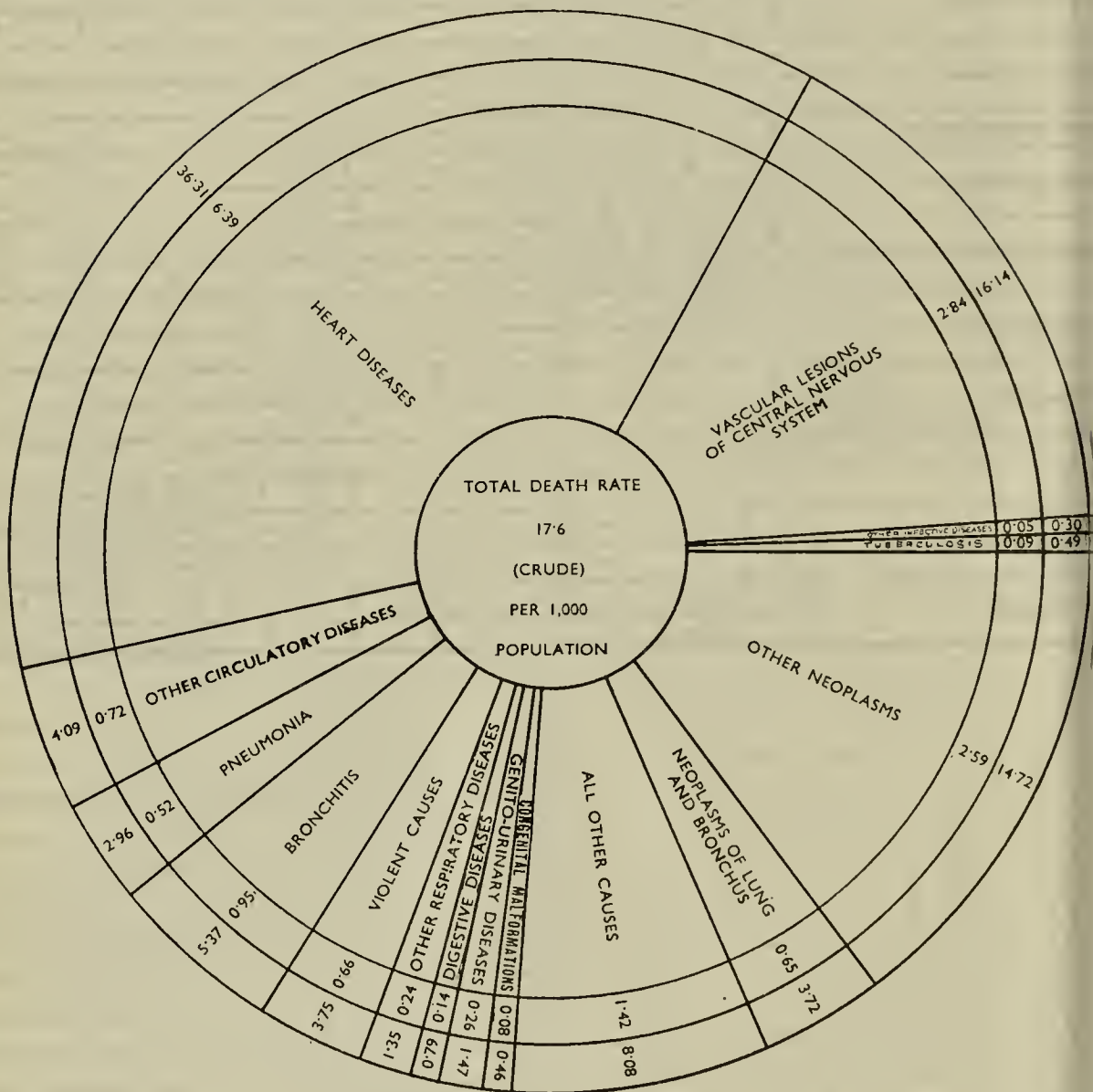
			All ages	Age at Death							75—
				0—	1—	5—	15—	25—	45—	65—	
Brought forward ...	M	1,053	7	—	1	4	25	281	369	36	
	F	1,043	2	2	3	—	12	189	296	56	
onchitis ...	M	112	3	—	—	—	1	37	45	2	
	F	31	—	—	—	—	—	2	9	2	
ther disease of respiratory system ...	M	13	1	—	—	—	—	2	5	—	
	F	6	—	—	1	—	—	2	—	—	
er of stomach and duodenum ...	M	12	—	—	—	—	1	6	4	—	
	F	5	—	—	—	—	—	—	1	—	
stritis, enteritis and diarrhoea ...	M	2	—	—	—	—	—	1	1	—	
	F	2	—	—	—	—	—	—	1	—	
phritis and nephrosis ...	M	14	—	—	—	—	2	4	3	—	
	F	10	—	—	—	—	—	3	3	—	
perplasia of prostate ...	M	15	—	—	—	—	—	—	7	—	
	F	—	—	—	—	—	—	—	—	—	
gnancy, childbirth, abortion ..	F	—	—	—	—	—	—	—	—	—	
genital malformations ...	M	2	1	—	—	1	—	—	—	—	
	F	10	8	1	1	—	—	—	—	—	
er defined and ill-defined diseases...	M	66	17	—	—	—	1	17	12	19	
	F	127	10	—	—	—	4	14	32	67	
tor vehicle accidents ...	M	17	—	—	1	1	3	4	4	4	
	F	8	—	—	—	—	1	1	3	3	
other accidents ...	M	21	—	—	2	—	6	3	3	7	
	F	22	1	1	—	—	—	1	6	13	
ide ...	M	16	—	—	—	—	2	8	5	1	
	F	15	—	—	—	1	2	7	4	1	
icide and operations of war ...	M	1	—	—	—	—	—	—	1	—	
	F	—	—	—	—	—	—	—	—	—	
ALL CAUSES ...	M	1,344	29	—	4	6	41	363	459	442	
	F	1,318	21	4	2	4	19	220	367	681	

# Deaths from Principal Causes

Rate per 1,000 Population

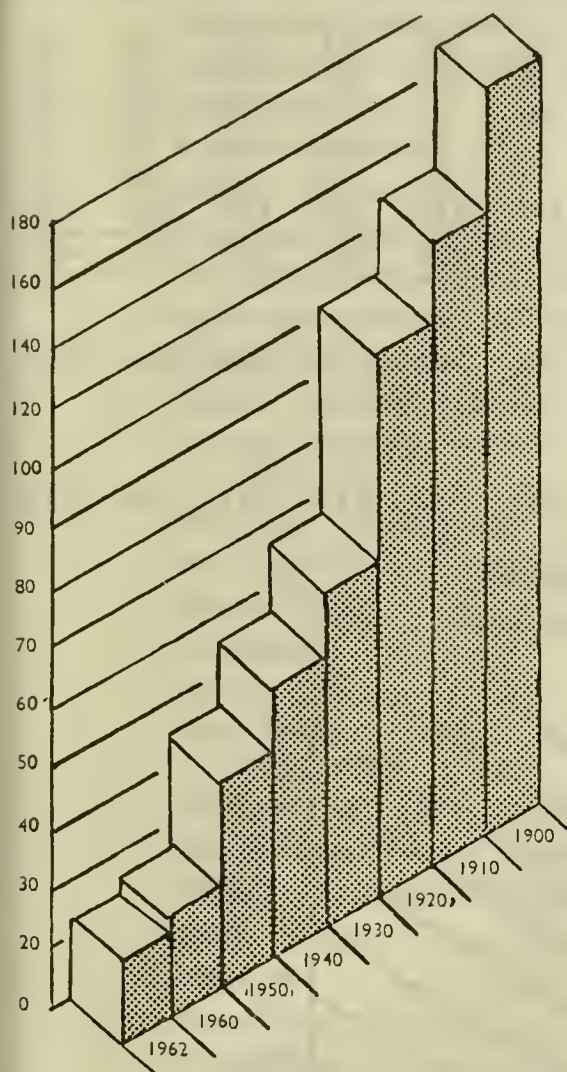
and

Percentage of Total Deaths (Outer Circle)



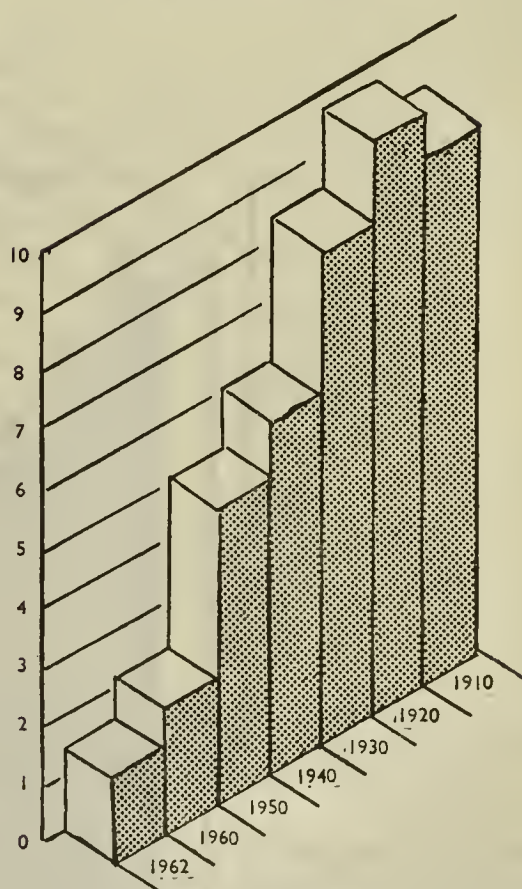
## INFANT MORTALITY RATE

per 1,000 live births



## TUBERCULOSIS DEATHS

per 1,000 population



**Cancer.** The deaths due to this cause continue to increase, and this year the figure of 491 is the highest recorded, and is an increase of 32 on last year.

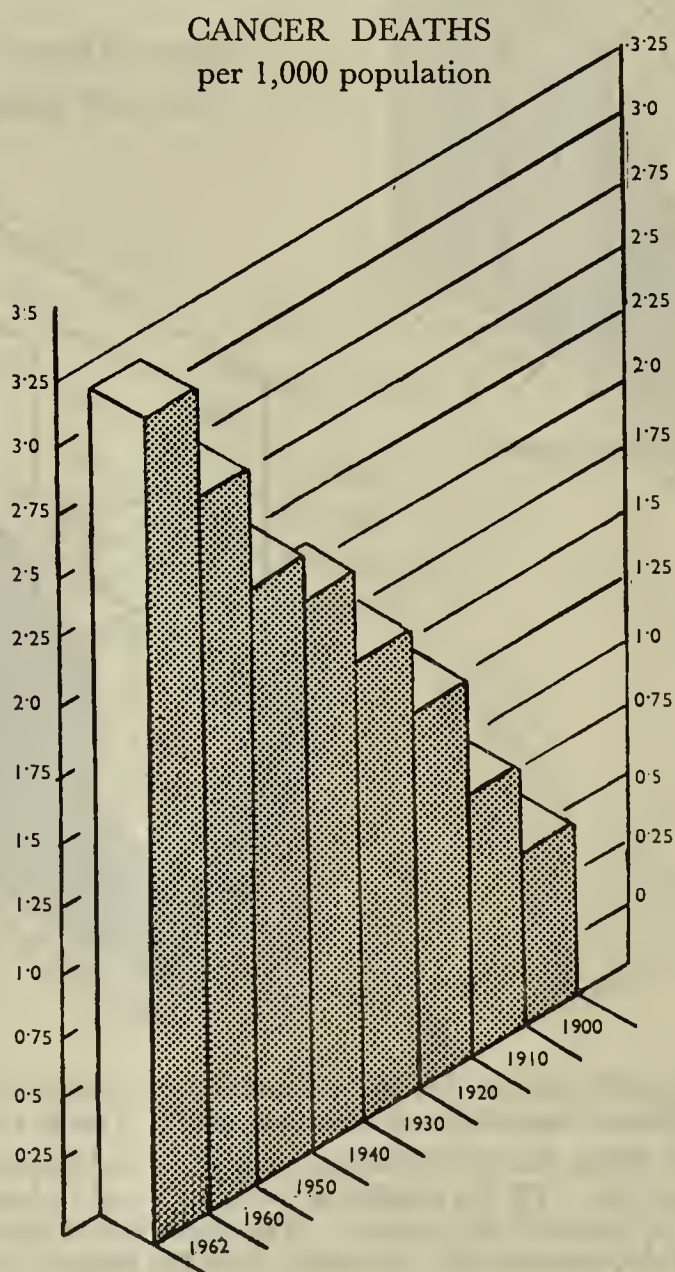
The number of deaths due to Carcinoma of the lung and bronchus increased by only one to 99 for the year. Of this number 80 were male and 19 female, the majority of the deaths being in the 45-65 age bracket. The death rate of this particular cause for the borough is 0.59, unfavourably comparing with the England and Wales rate of 0.51.



The following chart shows the number of deaths (with site of disease) over the last ten years.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Lung and Bronchus	59	62	62	80	83	93	67	111	98	99
Stomach ...	61	56	66	54	62	70	64	56	62	91
Breast ...	27	35	44	35	42	45	38	34	41	41
Uterus ...	20	27	21	23	17	26	22	21	27	23
Leukaemia	6	12	3	6	12	10	12	13	10	4
Other Sites	189	189	219	206	197	210	196	183	221	233
	362	381	415	404	413	454	399	418	459	491

Rate per 1,000 population Blackpool	2.5	2.6	2.8	2.7	2.8	3.1	2.77	2.92	3.06	3.24
Rate per 1,000 population England and Wales ...	1.65	2.04	2.06	1.66	2.09	2.12	2.14	2.15	2.16	2.18





## INFANTILE DEATHS

	<i>Infant</i>	<i>Neo-Natal</i>
Anencephaly (congenital) ... ..	—	1
Asphyxia due to inspiration of vomitus	1	—
Atelectasis ... ..	—	4
Broncho-Pneumonia ... ..	5	—
Cerebral Haemorrhage ... ..	—	5
Congenital Heart Disease ... ..	1	2
Cytomegalic Inclusion Body Disease ...	—	1
Haemorrhagic Disease of Newborn ...	—	1
Haemolytic Disease ... ..	—	1
Hyaline Membrane Disease ... ..	—	2
Hydrops Foetalis, Rhesus Negative Antibodies ... ..	—	1
Intercranial Haemorrhage ... ..	—	1
Intraventricular Haemorrhage ... ..	—	2
Meconium Ileus ... ..	—	1
Meningitis ... ..	1	1
Meningocele ... ..	—	1
Microcephaly and Meningocele (Congenital) ... ..	—	1
Meningococcal Septicaemia ... ..	1	—
Meningomyelocele and Hydrocephalus	—	1
Multiple Congenital Malformations ...	—	1
Paralytic Ileus ... ..	1	—
Pneumonia ... ..	1	1
Prematurity ... ..	—	4
Previability ... ..	—	1
Pulmonary Syndrome (Congenital) ...	—	2
Rectal Atresia ... ..	—	1
Tracheo-Bronchitis ... ..	3	—
	—	—
	14	36
	—	—

**Infant Mortality.** During 1962 50 children died under the age of one year. The death rate, 25·1 per 1,000 living births, is higher than last year, which gave a rate of 23·9, and is higher than the corresponding rate for England and Wales of 21·6.

**Neo-Natal Mortality.** Of the 50 children who died, 36 did not survive four weeks after birth, and 30 died in the first week. The mortality rate, 18·0, has risen over 1961, but is still below the 1960 figure. The general trend, although interrupted from time to time by a high figure, is showing a welcome reduction. The figure for England and Wales is 15·1.

Dr. P. Harvey, the Consultant Pathologist of the Victoria Hospital reports that the same high rate of autopsies has continued and that it is also believed that the same trends are continuing. There is every reason to believe that the congenital malformations also continue at the same rate as in 1961.

As yet the emergence of any fresh trends has not been observed.

During the year an investigation was put in hand to study the various factors influencing the development of the foetus in the early weeks of pregnancy.

**Maternal Mortality.** It is pleasing to report that no deaths occurred within the borough. As a matter of interest, the rate for England and Wales per 1,000 live and still births was 0.35.

### Coronary Heart Disease

The number of deaths due to this cause has continued to rise steadily during past years, and this year shows a further steep increase. It is interesting to note that although there has been a slight decrease in certain years, the increase over the past 10 years has numbered 200. It is only correct to assume that as the population is growing older the figures in this classification are bound to increase, this being the natural trend.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Rate per 1,000 population	303	328	377	372	388	382	450	436	448	497	527
	2.0	2.2	2.5	2.5	2.6	2.6	3.1	3.04	3.05	3.31	3.48

**Tuberculosis.** During the year 13 persons died from tuberculosis ; of these 12 were classified as due to respiratory tuberculosis and one due to non-respiratory tuberculosis. The mortality rates (per 1,000 population) for Blackpool and England and Wales are :—

	Blackpool	England and Wales
Total Deaths ... ..	·086	·066
Respiratory Tuberculosis ...	·079	·059
Non-Respiratory Tuberculosis	·007	·007

### Suicides

The trend of deaths due to suicides does not appear to follow any set pattern. A graph drawn up from 1911 to the present date shows violent fluctuations, up one year down the next. Nevertheless in recent years, i.e. since 1952, the movement has tended to remain at a high level with 1957 giving the highest figure, i.e. 0.23 per 1,000 population since 1937, which gave a figure of 0.26.

The table below shows by age groups the trend since 1959.

	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	Total
1959	—	—	—	1	3	1	3	3	7	4	4	5	31
1960	—	—	—	4	1	1	1	2	6	3	3	2	23
1961	1	1	—	1	4	5	2	4	5	3	2	2	30
1962	1	—	—	—	4	4	4	2	5	4	5	—	29

For the purpose of analysis, figures for this year have been broken down and are published below :—

	22	40	41	45	46	50	51	53	57	60	61	62	63	64	67	68	69	71	74	75	76	All ages M. F.	% of total	
Coal Gas ...	1	1	1	1	1				1		1	1	1	1	1		1					7	5	39
Barbiturates ...		1			1	1						1			1		1	1	1		1	3	6	30
Hanging ...								1								1						2	-	6
Carbon Monoxide				1		1				1												2	1	10
Cut Throat ...																				1		1	-	3
Drowning ...							1										1					1	1	6
Suffocation ...																					1	-	1	3
Chloral Hydrate ...			1																			-	1	3
	1	1	1	1	1	1	-	1	-	-	1	1	-	1	2	-	1	-	1	1	1	16	15	100



Of the above, 1 male and 8 females were known to the Mental Health Section of the department.

On investigation it was found that 4 females had threatened suicide previously, and that 5 females had in fact attempted suicide on previous occasions.

Three of the 31 suicides occurred in Council houses.

Suicides by months are charted below :—

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
MALE	4	—	1	1	1	1	3	1	1	2	—	1	16
FEMALE	1	1	—	3	—	2	3	1	2	1	1	—	15
TOTAL	5	1	1	4	1	3	6	2	3	3	1	1	31

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							L Ca r
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo- Natal	Peri- Natal	Maternal	Tuber- culosis	Cancer (All types)	
	per 1,000 popula- tion	per 1,000 total births	per 1,000 total popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion	per 1,000 popula- tion	
1886—1890	25.2	—	—	—	15.3	144.2	—	—	—	—	—	—
1891—1895	23.9	—	—	—	15.3	168.2	—	—	—	—	—	—
1896—1900	26.5	—	—	—	14.4	159.9	—	—	—	—	.67	—
1901—1905	22.3	—	1.3	—	12.9	138.4	—	—	—	—	.93	—
1906—1910	17.4	—	1.2	—	12.2	115.4	—	—	—	—	.88	—
1911—1915	15.6	—	1.3	—	14.0	115.7	—	—	—	.91	1.3	—
1916—1920	12.7	—	1.4	—	14.7	88.8	—	—	—	1.0	1.6	—
1921—1925	15.0	—	1.3	—	14.3	73.3	—	—	6.6	.88	1.7	—
1926—1930	11.8	—	.93	—	13.7	66.2	—	—	5.7	.76	1.8	—
1931—1935	10.5	53.5	.76	—	14.2	63.6	—	—	6.0	.71	2.0	—
1936 ...	10.8	55.2	.62	—	15.6	63.0	—	—	4.6	.63	2.1	—
1937 ...	10.3	66.9	.64	—	16.6	57.7	—	—	3.1	.62	2.2	—
1938 ...	10.9	42.5	.63	—	14.6	47.2	—	—	4.7	.59	2.3	—
1939 ...	10.6	39.5	.78	—	14.8	53.5	—	—	2.6	.58	2.1	—
1940 ...	9.4	40.4	.69	—	15.4	53.0	—	—	7.1	.49	1.7	—
1941 ...	11.5	36.1	.97	—	15.5	56.8	—	—	2.0	.62	2.3	—
1942 ...	12.7	36.9	1.3	—	13.8	68.4	—	—	4.8	.49	1.9	—
1943 ...	12.5	30.3	1.2	—	14.8	62.6	—	—	2.5	.55	2.2	—
1944 ...	13.8	33.7	1.4	—	14.3	41.3	—	—	3.8	.53	2.2	—
1945 ...	12.5	29.1	1.7	—	14.8	37.8	—	—	2.6	.59	2.3	—
1946 ...	13.7	28.2	1.3	—	13.8	37.8	—	—	2.8	.53	2.2	—
1947 ...	15.2	27.1	.98	—	14.6	43.4	—	—	2.1	.53	2.1	—
1948 ...	13.3	29.0	1.1	—	13.8	36.3	—	—	1.9	.47	2.2	—
1949 ...	12.2	31.4	.88	—	15.1	25.8	—	—	1.1	.45	2.4	—
1950 ...	11.3	28.7	.73	—	15.7	37.8	24.8	—	1.7	.30	2.4	—
1951 ...	11.1	31.7	.86	—	18.3	35.2	24.7	—	1.2	.34	2.6	—
1952 ...	10.9	29.0	.68	—	15.4	28.0	19.3	—	.6	.30	2.6	—
1953 ...	11.0	27.6	.91	—	14.3	27.2	22.2	—	.6	.16	2.5	—
1954 ...	10.8	32.2	.84	—	16.1	30.1	23.2	—	.6	.30	2.6	—
1955 ...	10.8	26.4	.86	—	16.0	30.3	25.3	—	—	.21	2.8	0
1956 ...	11.7	28.8	1.02	8.7	16.4	24.9	18.0	—	.6	.21	2.7	0
1957 ...	11.7	26.2	.79	6.7	16.1	22.8	16.4	—	—	.16	2.8	0
1958 ...	11.7	27.2	.85	7.3	16.9	29.6	23.1	—	1.15	.18	3.1	0
1959 ...	12.1	23.0	.87	7.2	16.6	24.8	17.2	38.8	—	.11	2.7	0
1960 ...	12.9	15.4	1.1	8.5	16.8	26.9	20.5	32.9	—	.13	2.9	0
1961 ...	12.5	23.4	1.2	9.4	17.2	23.9	15.4	35.8	1.04	.19	3.1	0
1962 ...	13.2	24.0	1.4	10.3	17.6	25.1	18.0	38.7	—	.09	3.2	0

## INFECTIOUS DISEASES AND EPIDEMIOLOGY

Details of cases notified during the year are contained in the following tables, which also show notifications compared year by year since 1947. The year as a whole has shown a decrease in the total notifications received, but one or two points of interest are outlined below.

**Diphtheria.** It is a pleasure to report that for the past twelve years no case has been reported.

**Poliomyelitis.** One case, a boy aged  $2\frac{1}{2}$  years, was reported, and it was confirmed that Polio Virus type 1 was isolated. Records show that the boy had not received injections or oral vaccine against the disease.

It may be of interest to note that the family had just returned from a holiday in an area where cases of poliomyelitis were occurring at approximately the time of their stay.

**Smallpox.** Continued outbreaks occurred in several parts of the country, but it is pleasing to report that no case was reported in the town.

**Measles.** The number of notified cases increased by 150 over last year. As the majority of the notifications were received in the last quarter, it could be that the disease could reach epidemic proportions, but with the Christmas break the spread of infection could be arrested.

**Whooping Cough.** Only 8 cases were notified this year, giving an all-time low since records were kept. The use of triple antigen has obviously been a large factor in reducing this disease to its present level.

Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever ...	140	269	280	239	224	265	379	152	137	159	73	126	187	163	95
Whooping Cough ...	267	331	326	290	245	508	430	192	93	281	76	44	92	159	22
Diphtheria ...	44	39	25	9	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	975	1,586	1,089	698	1,756	1,733	695	1,741	932	82	3,096	276	1,498	775	900
Pneumonia ...	21	23	31	16	43	35	35	21	19	27	32	22	44	19	12
meningococcal infections ...	5	13	5	3	1	5	3	—	5	8	6	4	6	4	—
Poliomyelitis ...	10	4	6	8	6	15	44	2	8	14	4	8	—	—	—
Epidemic encephalitis ...	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis ...	—	—	1	—	—	—	—	—	—	—	3	1	3	1	2
Enteric fever ...	1	53	33	12	10	425	30	87	817	206	84	50	62	79	55
Ophthalmia Neonatorum ...	2	25	16	4	2	4	23	26	17	33	30	47	37	18	16
Enteric fever/Pyrexia ...	34	33	41	25	26	53	41	41	56	93	95	82	100	48	25
Enteric Fever/Paratyphoid B Fever ...	1	3	16	1	2	1	—	1	—	—	2	3	1	—	2
Food Poisoning ...	not recorded	—	44	66	8	14	194	44	29	24	92	14	101	39	13
Scabies ...	33	38	41	29	21	22	32	22	18	15	13	11	15	6	3
Scabies ...	1	11	—	—	—	1	—	7	—	2	1	—	—	—	—



Disease	Cor- rected Notifi- cations	Ad- mitted to Hospital	AGE PERIODS Corrected Notifications										
			Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over	
Scarlet Fever ... ..	36	4	—	2	6	22	4	2	—	—	—	—	
Whooping Cough ... ..	8	—	1	2	2	3	—	—	—	—	—	—	
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ... ..	1,050	16	28	184	235	596	4	2	1	—	—	—	
Pneumonia ... ..	8	5	1	1	1	—	—	—	1	2	2	—	
Meningococcal Infection ... ..	4	4	1	2	—	—	1	—	—	—	—	—	
Poliomyelitis ... ..	1	1	—	1	—	—	—	—	—	—	—	—	
Polioencephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis ... ..	1	1	—	—	—	1	—	—	—	—	—	—	
Dysentery ... ..	159	10	5	23	26	44	11	14	17	11	7	1	
Ophthalmia Neonatorum ... ..	7	—	7	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia ... ..	24	9	—	—	—	—	—	13	11	—	—	—	
Enteric Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	
Food Poisoning ... ..	8	1	—	1	—	—	—	1	1	1	3	1	
Erysipelas ... ..	4	—	—	—	—	—	—	—	1	—	1	2	
Pemphigus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	

## FOOD POISONING

**Outbreaks.** One outbreak only of food poisoning was reported to the Department during the year, details being as follows :—

<i>Cases found</i>		<i>Organism or other Agent responsible</i>	<i>Food involved</i>
<i>Cases notified</i>	<i>to have symptoms</i>		
105	6	Cl. Welchii	Giblet Gravy. A report from an hotel that 105 persons were suffering from a mild illness of vomiting and diarrhoea was received in August, 1962. Faeces taken, however, revealed that 6 persons only gave a positive result. The department was not notified of the outbreak until three days after onset, consequently most of the affected had fully recovered and no food samples were available. It can only be assumed that giblets taken from frozen birds, from which gravy was made, reheated and served the following day, was the possible cause.

**Single Cases.** Only three such cases were reported, the agents being identified as follows :—

Salmonella anatum	1
„ stanley	1
Cl. Welchii	1

It will be observed that the number of cases of food poisoning notified shows 8 in the return to the Registrar against 9 shown above. The reason for this is that in the six cases reported in the outbreak one was a visitor who returned home almost immediately.

One consolation which may be derived from cool wet summers is the reduced number of food poisoning notifications. A hot dry summer would appear to coincide with a high rate of such notifications.

## INVESTIGATION OF THE COMPLICATIONS OF MEASLES

During 1962 the Department was approached by the Public Health Laboratory Service Board asking whether the Department would be willing to take part in an enquiry into the serious complications of measles, particularly encephalitis and other neurological disorders. It is felt that should there be an unexpected high incidence of these disorders a fairly strong case would be made out for routine vaccination against measles. The plan envisaged was that Medical Officers of Health would arrange a postal follow-up of cases of measles reported after the 1st January, 1963. One month after the date of notification practitioners would be sent a simple enquiry card and a reply paid envelope asking for brief details of the outcome of the illness. Further information on cases stated to have had certain complications would be sought two or three months after.

The Department intimated its readiness to help with the investigation, and details of the investigation will be produced in the Annual Report of next year.

## TUBERCULOSIS

**Incidence.** During the year 71 cases of tuberculosis were notified, comprising 66 respiratory and 5 non-respiratory cases. Of these 54 respiratory and 5 non-respiratory were primary notifications. The remaining 12 supplementary notifications were made up as follows :—

- 2 From Death Returns of Local Registrars.
- 10 Transfers from other areas.

The following table classifies the primary notifications of tuberculosis according to age groups :—

Age Periods	Primary Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	—	1	—	—
5—	2	—	—	—
10—	—	—	—	—
15—	2	1	—	1
20—	—	3	—	—
25—	—	6	—	—
35—	5	2	2	—
45—	6	7	—	—
55—	8	4	—	—
65—	4	3	1	—
75—	—	—	—	1
TOTALS ...	27	27	3	2

The following table which summarises the notification register shows the number of patients at the end of 1961, the fluctuation of patients during the year 1962 and the number remaining at the end.

Type and Sex of Case		Remaining on register 31.12.61	Notificat'ns (from all sources)	Died	Recovered	Transferred	Lost	Altered Diagnosis	Remaining on register 31.12.62
Respiratory Tuberculosis	M F	367 234	35 31	12 2	14 15	4 4	4 2	— 2	368 240
Non-Respiratory Tuberculosis	M F	29 36	3 2	— —	1 2	— 1	— —	— 1	31 34
TOTALS	...	666	71	14	32	9	6	3	673

**Mortality.** The number of deaths which were attributable to tuberculosis in 1962 was 13. This number includes two persons who had not previously been notified as suffering from the disease.

**Chest Clinic.** This Clinic, administered by the Blackpool and Fylde Hospital Management Committee, is held at the Municipal Health Centre at the following times :—

Monday	9.30 a.m.—11.30 a.m.	Review of patients.
	9.30 a.m.—11.30 a.m.	Old patients.
	2.00 p.m.— 5.00 p.m.	New and old patients.
Tuesday	9.30 a.m.—11.30 a.m.	} New and old patients.
	2.00 p.m.— 5.00 p.m.	
Wednesday	9.30 a.m.—11.30 a.m.	New and old patients.
	2.00 p.m.— 4.00 p.m.	Bronchogram Session.
Thursday	10.00 a.m.—11.30 a.m.	} New and old patients.
	2.00 p.m.— 5.00 p.m.	
Friday	9.30 a.m.—11.30 a.m.	New and old patients.

Cases referred by General Practitioners for X-ray only are seen during any of the above sessions.

Dr. L. Capper, Consultant Chest Physician, has kindly contributed the following report on tuberculosis in the Borough :—

“ During the year fewer cases of tuberculosis were notified in Blackpool than in 1961, but more cases were notified in women.

Another point that needs stressing is that the depths have not yet been plumbed, for there are large numbers of people in Blackpool who have never been X-rayed, and of course since Blackpool is a seaside resort there is the additional risk of contact with visitors who, themselves, have tuberculosis. Moreover, the problem of the resistant tubercle bacillus still exists in considerable force and demands continued use of all methods at our disposal for finding and treating cases of tuberculosis ”.

### VENEREAL DISEASE

The Venereal Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information :—



## Clinic Sessions :

Males :	Wednesday	10.00 a.m. to 12 noon.
	Monday and Thursday	4.45 p.m. to 6.30 p.m.
	Saturday	9.30 a.m. to 11.00 a.m.
Females :	Thursday and Friday	10.00 a.m. to 12 noon.
	Tuesday	4.45 p.m. to 6.30 p.m.

In order to bring facilities to the notice of the public, notices were issued to the Director of Public Cleansing asking for his co-operation in affixing these in all public lavatories, and licensed victuallers were circularised asking if they would be willing to affix the notices in their premises. It is pleasing to report that whilst a few of the breweries objected to this method of bringing such details to the notice of the public, the majority of the houses signified their willingness to co-operate and accordingly up-to-date notices were issued to the various managers.

Dr. J. F. Mackay, the Consultant Venereologist, has kindly contributed the following comments on Venereology :—

“ There is a great similarity between the figures of this year and those of last year.

There were no cases of Early Syphilis, and the number of cases of Gonorrhoea has shown no change. An age survey was not carried out, but the impression is that there has been no swing to a lower age grouping.

Once again it is pleasing to report that there has been no case of Congenital Syphilis of the newborn ”.

		Syphilis		Gonorrhoea		Other Conditions		Totals	
		M	F	M	F	M	F	M	F
1	Number of patients on 1st January, 1962, now under treatment or observation ... ..	38	23	23	4	38	11	99	3
2	Number of patients removed from register during any previous year who returned during 1962 for treatment or observation of the same condition ... ..	8	9	—	—	—	—	8	
3	Number of patients dealt with for the first time during 1962 (excluding those transferred from other centres, etc.) ... ..	17	13	79	28	283	160	379	20
4	Number of patients transferred from other centres after diagnosis ... ..	4	3	3	1	—	—	7	
5	Number of patients completing treatment or observation...	17	15	26	8	253	153	296	17
6	Number of patients not completing treatment and/or observation ... ..	6	2	27	11	17	3	50	1
7	Number of patients transferred elsewhere ... ..	7	4	20	5	26	4	53	1
8	Number of patients remaining under treatment or observation on 31st December, 1962 ... ..	37	27	32	9	25	11	94	4
	Number of Blackpool residents included in item 3 ...	20		72		301		393	

## Attendances by Patients

	Males	Females	Totals
At which patients saw physician ... ..	1,365	960	2,325
At which patients did not see physician ... ..	516	112	628

## PROVISION OF SERVICES UNDER NATIONAL HEALTH SERVICES ACT, 1946

### Section 22—Care of Mothers and Young Children

There are six Local Authority Clinics situate in various parts of the town to serve the mother and young child.

It has been the practice of the department to examine the needs of the public and ensure that clinics are situated or developed in readily accessible places, and to this end steps have been taken to purchase land in Abbey Road which is at the extreme south of the town where at the moment there are no facilities for mothers in the area.

The proposed accommodation is for a combined Health and School Health Clinic which should enable the closure of the Lytham Road Dental Clinic, Roseacre School Clinic, and Thames Road Clinic which is at present held in hired rooms at the Thames Road Unitarian Church.

At the end of the year negotiations were in hand, but the purchase of the land had not been finalized.

An extension was added to the present Layton Clinic building to provide for a Health Visitors' office.

Tabulated below are details of visits made to the six clinics during the year.

	Municipal Health C.	Bispham	Hawes Side	Layton	Mereside	Thames	Total
Children under 1 year :							
First Visits ... ..	469 (537)	393 (381)	331 (328)	205 (197)	115 (98)	187 (206)	1,700 (1,746)
Subsequent Visits ... ..	3,777 (4,481)	3,574 (4,308)	3,580 (3,582)	1,816 (2,202)	1,257 (977)	1,912 (2,000)	15,916 (17,555)
Children 1—5 years :							
First Visits ... ..	868 (395)	803 (731)	569 (638)	337 (308)	323 (212)	363 (252)	3,263 (2,536)
Subsequent Visits ... ..	...	...	...	...	...	...	...
Of children who attended during the year and who were born in :							
1962 ... ..	370 (388)	317 (326)	294 (237)	176 (177)	89 (78)	151 (159)	1,397 (1,365)
1961 ... ..	238 (295)	266 (261)	185 (202)	128 (135)	76 (70)	122 (147)	1,015 (1,110)
1960/57 ... ..	108 (100)	193 (150)	99 (180)	79 (96)	108 (30)	69 (50)	656 (693)
First Sessions per year ...	104 (104)	100 (99)	99 (98)	52 (52)	51 (51)	48 (47)	454 (451)
Percentage attendances per Session ... ..	49.1 (52.0)	47.7 (54.7)	45.2 (46.4)	45.3 (52.0)	33.2 (25.2)	51.3 (52.3)	45.9 (48.4)

Comparative figures for 1961 are shown in parentheses.

**Ante-Natal Clinics.** Clinics were held at the centres shown in the table below which shows details of attendances, etc., over the year.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Thames	Total
First Visits ... ..	529 (573)	241 (287)	254 (262)	158 (162)	71 (82)	—	1,253 (1,366)
Total Visits ... ..	3,858 (5,096)	2,441 (2,786)	2,314 (2,445)	1,583 (1,627)	762 (718)	—	10,958 (11,674)
Number of women who attended during the year ...	768 (758)	341 (388)	362 (390)	226 (230)	102 (107)	—	1,799 (1,963)
Number of Clinic Sessions per year ... ..	152 (151)	103 (103)	104 (101)	75 (71)	53 (51)	—	487 (477)
Average attendance per Session ... ..	25.4 (33.7)	23.7 (27.0)	22.2 (24.2)	21.1 (22.9)	14.4 (14.1)	—	22.6 (24.3)

Comparative figures for 1961 are shown in parentheses.

Three routine ante-natal clinics weekly at the Municipal Health Centre are attended by a doctor from the Blackpool and Fylde Hospital Management Committee. For these services the Council pay a proportion of his salary.

Attendances show a decline against last year at all clinics except Mereside, but every effort is made to contact patients to ensure that they make regular attendances. If a patient misses the recommended appointment the Health Visitor is responsible for visiting and reporting the reason for non-attendance. This procedure is adopted for cases booked for Glenroyd, but where the patient is to be confined at home the Midwife concerned is notified and she in turn makes an effort to persuade the patient to make regular attendances at the clinic.

The fact that the number of deliveries in the borough has increased by 115 should give an increase in the number of attendances, and as this is not so, the only reason that can be put forward is that there is a growing tendency for medical practitioners to hold ante-natal sessions for their patients in their own surgeries. These expectant mothers attend the booking clinic in the first instance, and then attend a routine ante-natal clinic at 36 weeks.

The number of blood samples taken during the year at ante-natal clinics and sent to the Victoria Hospital Pathological Laboratory for investigation was 2,824. These investigations covered the Rhesus factor, haemoglobin and Price's Precipitation Reaction.

Any expectant mother who has been in direct contact with German Measles in the first twelve weeks of pregnancy is given a gamma globulin injection.

**Post-Natal Services.** There was no change in the average attendances at the post-Natal Clinics, and the only variation shown is the increase to 3.5 from 3 at Mereside Clinic. This number is still too low, but in view of the fact that this clinic is now held in conjunction with the ante-natal clinic, the combined attendance is nearly 18.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	TOTAL
1st Visits	299 (306)	157 (145)	146 (159)	93 (91)	37 (38)	732 (739)
Re-visits ... ..	13 (29)	8 (13)	55 (42)	15 (20)	— (4)	91 (108)
No. of Clinic sessions per year ...	51 (52)	13 (12)	25 (24)	18 (21)	12 (13)	119 (122)
Average attendance per session ... ..	6 (6)	13 (13)	8 (8)	6 (5)	3.5 (3)	7 (7)

Comparative figures for 1961 are shown in parentheses.



A doctor of the Blackpool and Fylde Hospital Management Committee is in attendance at the Post Natal Clinic on Thursdays p.m. at the Municipal Health Centre, a proportion of his salary being met by this Authority for these services.

### **Confinements in Hospital and admissions to Hospital on Social Grounds.**

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectant mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Management Committee.

Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinement are referred to the Health Department and visited by the district midwife, who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife. During the year 432 cases were investigated and of this number 272 were booked for confinement in Glenroyd. Of these 20 were considered suitable for early discharge. 143 were booked as home confinements and the remaining 17 were booked for other hospitals or made private arrangements.

Mr. Smith, the Chief Dental Officer, continued to attend the Friday morning clinic in order to ascertain any dental trouble and to recommend early treatment, which may be obtained free of charge at any of the Authority's Dental Clinics.

### **Thalidomide and Congenital Abnormalities.**

Concern was expressed by the Minister of Health with regard to congenital abnormality brought about by the taking of Thalidomide drugs, and the public have been warned about self medication and the dangers arising therefrom.

In reply to a query as to whether any babies had been born with congenital abnormalities associated with Thalidomide, the department report that it was not aware of any such cases.

### **Congenital Abnormalities**

The whole question of this problem has become the subject of a Survey into cause and the effects of drugs taken in the period three months before to three months after last menstrual period.

In conjunction with Drs. Harvey and Bound of the Victoria Hospital, a questionnaire card has been completed to obtain as much information as could be obtained on the history of the mother to be.

On receipt of the information, and where it is known that certain medicaments had been prescribed, confidential information is to be requested from the patient's Medical Practitioner.

**Physiotherapy Department.** Attendances during the year have been consistently good, with a very high percentage of patients attending and completing the prescribed course of treatment. The only exception to this was during the school summer holidays when attendances were very low. During this period arrangements were made with the Beechfield Spastics Centre for the children receiving education at the Open Air School to be brought to the Health Centre for extensive treatment.

A session for children requiring physiotherapy and attending Woodlands School was started during the year, and this has proved quite successful.

The ante-natal relaxation classes were fairly well attended and requests received from local medical practitioners and the Victoria Hospital were accepted for inclusion in these groups.

Mrs. Shore, the part-time Physiotherapist, attended a week's course on the very latest techniques in ante and post-natal physiotherapy at Leeds, and Miss Carroll attended for a month at Stoke Manderville Hospital to study the latest trends in rehabilitation through sport, field events and swimming. The Central Council for the Care of Cripples met all the financial commitments involved.

The Monday lunch-time swimming session for children attending the Open-Air School was a great success, quite a number of the severely handicapped children receiving preliminary and intermediate proficiency certificates.

Although Miss Carroll was still with the Department at the end of the year, she had requested unpaid leave for a period of fourteen months to carry out a tour of duty in connection with the Department of Technical Co-operation in Jamaica. In view of Miss Carroll's excellent qualities and difficulty in obtaining qualified Physiotherapists, it was not felt that the Council would refuse their permission.

Treatment	Expectant and Nursing Mothers					Children under 5 years					School Children				Others					
	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic	Municipal Health Centre Clinic	Bispham Clinic	Hawes Side Clinic	Layton Clinic	Mereside Clinic
Artificial Sunlight... ..	151	92	21	—	—	153	454	148	2	—	2,521	—	—	—	—	4	—	—	—	—
Remedial Exercises ...	686	387	86	238	—	145	233	228	31	—	1,542	—	—	—	—	12	—	—	—	—
Radiant Heat ... ..	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	—	—	—
Massage ... ..	—	—	—	—	—	150	204	197	22	—	53	—	—	—	—	12	—	—	—	—
Faradism ... ..	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—

New cases receiving treatment during the year :—

Municipal Health Centre Clinic...	528
Bispham Clinic ... ..	146
Hawes Side Clinic ... ..	34
Layton Clinic ... ..	42

## Phenylketonuria

Routine testing of newly born infants continued and there were no positive reactions.

**Family Planning Clinic.** The Medical Officer and Hon. Secretary of the Blackpool and Fylde Family Planning Clinic have kindly furnished the following abridged details on the activities of the clinic during the current year :—

Over 1,300 patients were seen, involving 3,244 items of service. 454 new patients were dealt with, 59 of these being pre-marriage cases. The number of patients returning for check visits continues to increase.

A number of patients visit the clinic regularly on returning from service overseas, and it is interesting to note how they plan their confinements often to correspond with their leave period.

A considerable number of patients referred from special departments, and several handicapped patients have been grateful for the reassurance and help given. There has been an increase in the number of patients planning for a family of 3 or 4.



**Day Nursery.** The Council's Day Nursery is situate adjoining the Municipal Health Centre, and whilst it is constructed to handle 50 children, the number of staff employed confines the number of children under care at one time to 21, but in case of an extreme emergency this figure has been exceeded. In consequence only necessitous cases can be admitted, and other cases are referred to homes registered under the Child Minders Regulations. The year has seen a big increase in the numbers requiring the service, and at the end of the year there were 22 children on the register and 14 awaiting admission. A waiting list has existed from May until the end of the year.

The number of mothers who availed themselves of the service was 38.

Outbreaks of infectious diseases during periods shown below caused the nursery to be in quarantine.

17th September, 1962 to 10th October, 1962—Chicken Pox.

30th October, 1962 to 6th December, 1962—Measles.

(Week commencing 12th November, 1962, 12 children were absent with measles).

The Day Nursery remained open from Monday to Friday as the majority of the mothers are employed in light industries which have adopted the five-day week.

Details of staff and attendance are given below.

#### STAFF

Matron	Nursery Nurse	Nursery Assistants	Domestics
1	1	1	1 (part-time)

#### ATTENDANCES

	Total	Average Daily	Days Open
Monday to Friday ...	3,363	13.2	255

**Nurseries and Child Minders Regulation Act, 1948.** Six applications were received to register under the above Regulations, five of these being granted to take a total of 25 children. One application was refused, and one of the successful applicants surrendered her registration of four before the end of the year. One other Child Minder discontinued taking children during the year. The position therefore at the end of the year was as follows :—

Private Day Nursery :	1	...	20 children.
Daily Minders :	8	...	56 children.

Visits by the Assistant Medical Officers were made to ensure that the Regulations were being complied with.

#### WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years. In making comparisons, however, it should be noted that prior to 1961 Cod Liver Oil and Vitamin Tablets were issued free, and Orange Juice was charged at 5d. against the present price of 1/6d.



		National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Proprietary Brands Welfare Foods
1962	...	22,846	2,041	1,908	19,064	37,447
1961	...	22,921	3,547	3,970	37,086	29,934
1960	...	26,094	5,243	5,863	45,442	24,499
1959	...	29,484	5,278	5,176	48,781	19,932

The reduction during 1962 is obviously the result of the revised prices, as where there was no change in price, i.e. National Dried Milk, there has been little or no variation. Proprietary Brands show a substantial increase which would appear to be an annual trend.

The total receipts for these issues amounted to :—

		Ex.-M.O.F. Welfare Foods	Proprietary Brands Welfare Foods
1962	...	£4,798	£4,448
1961	...	£3,783	£3,744
1960	...	£3,828	£2,760
1959	...	£4,250	£2,257

Both types of foods show an increase in income, but the Ex. Ministry of Food is due to the increase in prices, as the total issues are down on last year.

**Proprietary Foods.** The following foods are sold at the clinics during Infant Welfare sessions, but are only issued on the instructions of the Assistant Medical Officers in charge of the clinics, thereby ensuring that the infant is receiving the recommended diet.

A variety of dried milks, cereals, baby foods, etc., are available, and the list below shows the unit sales during the year.

Ambrosia Tablets	...	55
Baby Books	...	3
Baby Rice	...	1,258
Carnation milk	...	198
Cow and Gate F.C.	...	4,174
Cow and Gate H.C.	...	53
Farex	...	1,821
High Protein Cereal	...	1,412
Horlicks	...	552
Lactagol	...	101
Malt and Oil	...	137
Marmite	...	382
Mixed Cereal (Robrex)	...	530
Ostermilk No. 1	...	133
Ostermilk No. 2	...	11,001
Ovaltine	...	1,067
Ovaltine Rusks	...	997
Robsoup	...	1,577
Robsweet	...	716
Rose Hip Syrup (Hipsy)	...	4,306
S.M.A.	...	1,539
Scotts Cereal	...	996
Trufood	...	494
Virol	...	410
Vit. A & D Liquid	...	3,416
Eye Droppers	...	119

**Mother and Baby Homes.** There are no Mother and Baby Homes provided by this Authority, but the Authority does accept financial responsibility for the maintenance of the unmarried mother and child in homes provided by voluntary associations.

In addition the department makes an Annual Grant to the Fylde House of Help and the Lancaster Diocesan Protection and Rescue Society. These two bodies have undertaken the responsibility of placing unmarried mothers in Homes, and have approached the department for financial assistance when this has been required.

Five cases were submitted for consideration by the Health Committee as to whether or not this Authority would contribute to the cost of the fees, four by the Blackburn Diocesan Council for Moral Welfare and one direct by the Probation Service. In all cases the Council agreed to contribute towards the cost of the fees and the total number of days involved was :—

68 days ante-natal.

86 days post-natal.

**Illegitimate Children.** It is the responsibility of the Health Visitor to maintain a vigilant watch on these children, with the co-operation of the Fylde House of Help and the Lancaster Diocesan Protection and Rescue Society. The Children's Officer is also concerned, especially where adoption is involved.

### DENTAL CARE OF EXPECTANT AND NURSING MOTHERS

The establishment of Dentists who can be called upon to carry out treatment to expectant and nursing mothers, and children under school age, is as follows :—

- 1 Senior Dental Officer.
- 2 Whole-time Dental Officers.
- 2 Part-time Dental Officers.

There are three Dental Clinics at which treatment may be obtained, and during the year 66 sessions were devoted to maternity and child welfare patients. The officers above, whilst under the control of the Health Committee, find that the majority of their time is spent with school children, details of this work being embodied in the School Medical Section of the Report.

Mr. Smith, the Chief Dental Officer, has continued the system of inspections at the Intake Clinic for expectant mothers at the Health Centre, and reports on the service as follows :—

“ It has been noted that the number of patients who attend regularly at their own private dentist (i.e. six-monthly intervals) form the far greater proportion of these patients. Fortunately, only a very small number refuse any dental treatment other than extractions for the relief of toothache.

Since it became possible for expectant mothers to obtain dentures free under the Priority Health Services, the demand for this particular treatment has virtually ceased.

Pre-school children continue to be treated by the Dental Officers, but it must be stated that as the Service became more widely known it was expected that the number would have increased more quickly than at present.

While some fillings have been done, the main demand is for extractions for the relief of toothache ”.

#### A. NUMBERS PROVIDED WITH DENTAL CARE

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant and Nursing Mothers...	5	4	4	2
Children Under Five ... ..	26	21	21	20

## B. FORMS OF DENTAL TREATMENT PROVIDED

(1)	Scalings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treatment (4)	Crowns or Inlays (5)	Extractions (6)	General Anaesthetics (7)	Dentures Provided		Radio-graphs (10)
							Full Upper or Lower (8)	Partial Upper or Lower (9)	
Expectant and Nursing Mothers	—	5 (dressings)	—	—	20	1	—	—	—
Children Under Five	4	3 and (3 temp)	—	—	44	21	—	—	—

### Section 23—Midwifery Service

During the year 45 midwives notified their intention to practice. The number is made up as follows :—

Regional Hospital Board	...	34
Municipal Service	...	7
Private Nursing Homes	...	4

Of this number 36 were qualified to administer inhalation analgesics in accordance with the requirements of the Central Midwives Board.

Four midwives of the Regional Hospital Board, 1 from the Municipal Service and 1 employed in a Private Nursing Home attended post-certificate courses.

The establishment of midwives was increased to 7 during the year and one midwife was appointed against one of the vacancies. The strength of midwives, therefore, at the end of the year was 6. It was proposed that the seventh appointment would not be made until the new financial year.

All the midwives are approved teachers, and 28 pupils underwent Part II training, 7 of these being with the department at the end of the year.

The following table shows details of confinements attended by midwives in the borough. The increase over the year 1961 is 117.

	Confinements Attended	Confinements with the use of :—			
		Pethedine	Trilene	Gas/Air Analgesia	General Anaesthetic
(a) Local Health Authority Services— Municipal Midwives ... ..	434	261	5	337	—
(b) Hospital Services—In State Hospitals...	2,001	362	509	1,179	67
(c) In Private Practice—Domiciliary, Nursing Homes, etc. ... ..	104	59	—	79	7
Total—All Services ... ..	2,539	682	514	1,595	74

The table below shows the trend of domiciliary and hospital confinements in the borough from 1955 to 1962.

	1962	1961	1960	1959	1958	1957	1956	1955
Hospital ... ..	2,001	1,907	1,824	1,751	1,626	1,648	1,568	1,469
Domiciliary ... ..	434	432	410	379	388	368	372	346
Maternity Homes ...	104	83	55	5	—	75	66	77
Totals ... ..	2,539	2,422	2,289	2,135	2,014	2,091	2,006	1,886



A summary of visits made and allied information with regard to the domiciliary service is outlined below.

Visits :

Ante-natal	...	...	...	...	...	6,894
Delivery	...	...	Day 181	...	...	
			Night 226	...	...	407
Puerperium	...	...	...	...	...	7,666
Re deaths of babies	...	...	...	...	...	1

Hospital Discharges :

1st visits	...	...	...	...	...	159
Re-visits	...	...	...	...	...	810

Investigations re home confinements :	404
Visits made	602

Ante-Natal Clinics attended	...	...	...	...	548
Post-Natal Clinics attended	...	...	...	...	124
Mothercraft classes held	...	...	...	...	46

**Care of Premature Infants.** The portable incubator purchased in 1961 was used on 11 occasions to move premature infants between hospitals.

The chart below gives details of premature live and stillbirths in the borough.

Weight at birth	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS	
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home
	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total		
Less than 4 oz.	2	4	9	—	—	—	—	—	—	—	—	—	—	—	—	12	—
4 oz. to and including 5.6 oz.	2	21	25	—	2	2	—	—	—	—	—	—	—	—	—	7	—
5.6 oz. to and including 10.15 oz.	1	24	26	—	—	—	—	—	—	—	—	—	—	—	—	4	—
10.15 oz. to and including 12.8 oz.	—	54	55	—	12	12	—	—	—	—	—	—	—	—	—	3	—
12.8 oz. and over	5	103	115	—	14	14	—	—	—	—	—	—	—	—	—	26	—

## Section 24—Health Visiting

At the end of the year there were 17 Health Visitors on the strength of the department and 5 clinic nurses were employed for duties at the clinics. The latter are invaluable in undertaking duties which do not involve the special skills of the trained Health Visitor.

Miss Grime, Mrs. Harrap and Miss Taylor successfully completed the Health Visitors' training course and returned to the department as Health Visitors. Special mention should be made of the fact that Miss Grime obtained the Corporation of Aberdeen prize as the best all round student.

One student, Mrs. Brown, was selected to attend the Health Visitors' Training Scheme at Aberdeen, and at the end of the year was still on the course.

Three Health Visitors attended refresher courses organised by the Health Visitors' Association and Royal College of Nursing.

An audiology course held at the Health Centre was attended by all Health Visitors.

**Statistics.** Details of visits made by the Health Visitors, together with Clinic session attendances, are shown below —

	1956	1957	1958	1959	1960	1961	1962
(a) To expectant mothers:							
(i) First Visits	104	172	238	234	315	343	477
(ii) Total Visits	129	220	308	322	378	518	715
(b) To children under one year of age:							
(i) First Visits	1,709	1,801	1,789	1,961	1,961	1,775	1,949
(ii) Total Visits	4,608	5,353	7,020	6,475	7,561	8,495	7,977
(c) To children age 1 and under 2 years:							
Total Visits	2,369	2,643	3,552	3,553	4,113	4,041	4,328
(d) To children age 2 but under 5 years:							
Total Visits	5,234	5,883	6,954	7,012	8,438	6,315	6,633
(e) To other cases (except school children):							
Total Visits	973	3,465	1,005	2,276	2,207	3,925	5,513
Attendances at Clinic Sessions	1,260	1,201	1,385	1,623	1,785	1,524	1,241

## Section 25—Home Nursing

Pressure of work and the increased leave allowance to six weeks awarded to Home Nurses in January of this year has led to increasing the establishment from 25 to 29. Two of the posts became effective in December, and the other two will become effective in April, 1963.

Staffing aggravated by sickness has remained a problem throughout the year, and at the end of the year there were 21 whole-time and 2 part-time nurses, 3 of the whole-time being male nurses. Applications for posts, however, were being received at the close of the year, and it is hoped that the existing vacancies will be filled in the near future.

Injections continue to account for fifty per cent of the visits made to patients and below are figures relating to patients visited for this purpose :

	Patients				Injections
Anaemia ... ..	1,467				6,562
Antibiotics ... ..	194				3,269
Diabetics ... ..	416				9,811
Diuretics ... ..	576				3,453
Vitamins ... ..	2,473				11,178
Others ... ..	177				1,562
	5,303				35,835

Visitors to the town frequently request the assistance of the department for nursing care and injections, the latter being by far the majority requirement. 1,113 visits were made to these patients, made up as follows :

Surgical Dressings ... ..	10
General Nursing ... ..	5
Enemas ... ..	56
Insulin Injections ... ..	2
Penicillin ... ..	28
Other Injections ... ..	84
	185

The Council's acceptance of Assisted Car Purchase scheme with regard to the nursing services has increased the use of private cars by the Home Nurses, and at the end of the year 9 were using this means of transport, 9 were using autocycles and the remainder used public transport.

The following table indicates the number of cases visited and the number of visits made during the year :—

	Analysis of Cases				Visits to all Cases			
	Under 5	5-65	Over 65	Total	Under 5	5-65	Over 65	Total
Tuberculosis : (a) Nursing Care ... } (b) Streptomycin ... }	—	36	4	40	—	133 2,395	42 282	175 2,677
Cancer ... ..	—	59	124	183	—	1,590	3,541	5,131
Heart ... ..	—	36	129	165	—	856	3,414	4,270
Diabetic ... ..	—	26	79	105	—	2,299	7,935	10,234
Other Medical ... ..	5	360	759	1,124	8	8,585	16,451	25,044
Other Surgical ... ..	21	247	338	606	154	4,143	7,143	11,440
Infectious Diseases ...	—	—	—	—	—	—	—	—
Maternal Complications...	—	5	—	5	—	198	—	198
Chronic ... ..	—	37	417	454	—	898	12,312	13,210
Others ... ..	1	29	33	63	4	91	147	242
TOTALS ...	27	835	1,883	2,745	166	21,188	51,267	72,621



## Section 26—Vaccination and Immunisation

### Diphtheria Immunisation

An outbreak of smallpox in the country has influenced the number of children that presented themselves for immunisation against diphtheria, it being obvious that parents preferred to have their children protected against the current disease rather than one which has not appeared in town for over 10 years.

General practitioners carried out 405 primary and 118 booster injections, 5/- being paid for each completed record card received in the department.

The school programme also suffered a reduction, 176 primary and 1,660 booster injections being given.

	CHILDREN BORN IN YEAR						
	1962	1961	1960	1959	1958	1953-57	1948-52
Immunisation (a) Number of children who completed a full course of primary immunisation (including temporary residents) during the year... ..	452	733	57	29	15	206	37
(b) Number of children who received a secondary (reinforcing) injection ( <i>i.e.</i> , subsequently to primary immunisation at an earlier age) during the year ... ..	—	2	8	2	24	1,076	762
Immunisation (c) Number of children who completed a full course of immunisation (including temporary residents) during the year ... ..	451	731	55	26	13	25	5

It is estimated that during the years 1958-62, 64 per cent of children aged 0-14 years were immunised against Diphtheria. This compares favourably with the England and Wales figure of 54 per cent.

Of the children born in 1961, 83 per cent have now been immunised against Diphtheria, and 82 per cent against Whooping Cough. The figures for England and Wales are 67 and 66 respectively.

### Smallpox Vaccination

Outbreaks of smallpox at Bradford and in Wales caused a steep increase in the number of vaccinations early in the year. The demand was such during January and February that additional sessions had to be held, but notwithstanding it was impossible to cope with the numbers attending without queues forming. However, by the pooling of staff the department was able to cope with the situation. By the beginning of June numbers requiring vaccination had reverted almost to normal.

Vaccinations against smallpox month by month during that period at the local authority clinics are shown below :—

January ... ..	4,591
February ... ..	2,774
March ... ..	1,708
April ... ..	2,013
May ... ..	976
June ... ..	296

General Practitioners also had a heavy programme of vaccinations during the first six months of the year, and during the year carried out 2,529 vaccinations and 2,176 revaccinations. Migration from this country brought the usual requests for vaccination and the required authenticated certificates. The number for this group is included in the Annual table as a matter of interest. Comparing the figure with that of last year would lead one to believe that few people were emigrating, but no doubt many emigrants were vaccinated under the general scheme during the "panic" period. The figures under this heading cover only persons specifying their need as being due to emigration.

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Emigrants	Total
Number vaccinated ... ..	1,189	227	552	2,492	4,179	18	8,657
Number re-vaccinated ... ..	1	1	202	1,187	6,074	77	7,542

The 1,189 children under the age of one shows a slight increase on the 1961 figure

The startling increase is in the other age groups which normally show only a comparatively low figure.

It is estimated that 74 per cent of children under 2 were vaccinated in 1962. The percentage is based on the number of live births occurring in 1961. The figure for England and Wales is 70 per cent.

### Poliomyelitis Vaccination

During the period November, 1961 to May, 1962, the Ministry of Health intimated that third and fourth injections against poliomyelitis should not be carried out owing to a national shortage of vaccine. This created a backlog of children and adults awaiting a third dose of poliomyelitis vaccine, and children awaiting a fourth dose. When vaccine became available this waiting list was soon cleared, but further response from the public to avail themselves of the service was disappointing.

A confirmed case of poliomyelitis occurred in Blackpool on the 16th May, 1962. All known contacts were immediately vaccinated, and no further cases occurred. An interesting point in connection with this is that there was no increase in the demand for poliomyelitis vaccination at this time or immediately afterwards. This greatly contrasts the reaction in 1959 when a wellknown footballer died of poliomyelitis. On this occasion the department was inundated with requests. It is obvious that only outbreaks reaching national importance will jostle the public from its apathy.

The use of oral Poliomyelitis vaccine commenced in March, and has proved to be much easier to administer and to be more acceptable to the public.

The following figures speak for themselves, showing first injections given during the first and last months of 1962 :—

	<i>Salk</i>	<i>Oral</i>
January, 1962 ... ..	94	Nil.
December, 1962 ... ..	Nil.	72

The table below shows the number of injections given quarter by quarter and the position at the end of the year.

	At 31/12/61	March	June	Sept.	Dec.	At 31/12/62
Third Injections Salk .....	34,782	396	936	307	133	36,554
Oral....	—	—	299	756	447	1,502
Oral after Second Salk ....	—	455	2,013	915	345	3,728
Total third injections .....	34,782	851	3,248	1,978	925	41,784
Fourth injections Salk ....	7,490	29	81	95	69	7,764
Oral after 3 Salk .....	—	1	539	341	373	1,254
Total Fourth Injections .....	7,490	30	620	436	442	9,018

In addition to the above, 12 Poliomyelitis contacts were given a fourth oral injection and 121 children between the ages of 5 and 8 who had been in contact with a case of poliomyelitis were given a fifth oral injection.

It is estimated that 78 per cent of persons in the borough under the age of 20 have been vaccinated against poliomyelitis at any time. The figure for England and Wales is 83 per cent.

### Section 27—Ambulance Service

The service continued under the joint control of the Medical Officer of Health and Transport Manager, the latter being responsible for the maintenance of vehicles and payment of wages of the ambulance service.

The position with regard to staff, vehicles and statistics at the end of the year was as follows :—

#### Staff

Staff	Establishment	Strength (at 13.12.62)
Ambulance Officer ... ..	1	1
Station Officers ... ..	1	1
Shift Leaders ... ..	4	4
Drivers ... ..	33	33
Attendants ... ..	5	5

The establishment was increased by a further two drivers, and at the end of the year all posts were filled.

#### Vehicles. Number of vehicles at 31.12.62 :

Ambulances—Dennis Diesel ... ..	9
Ambulances (Dual Purpose)	
Bedford Petrol ... ..	3
Commer Diesel ... ..	1
Austin Diesel ... ..	2
Sitting Cars—Morris Cowley ... ..	2

There have been no replacements or additional vehicles purchased during the year.

Dioptic blue flashing beacons were fitted to all ambulances and warning red flashes were purchased for placing on the road.



**Statistics.** The following chart summarises the cases moved and the miles run during the year :—

	1961		1962	
	Stretcher	Sitting	Stretcher	Sitting
OUT PATIENTS " IN " ... ..	579	18,339	489	19,858
OUT PATIENTS " OUT " ... ..	521	18,119	467	19,837
HOSPITAL ADMISSIONS ... ..	2,841	1,183	2,504	1,291
HOSPITAL DISCHARGES ... ..	1,031	4,180	935	4,365
HOSPITAL TRANSFERS ... ..	1,157	761	1,190	857
NURSING HOMES, CONVALESCENT HOMES (Admission, Discharge and Transfers)	319	156	356	101
INFECTIOUS DISEASES ... ..	116	1,116	91	1,420
CHIROPODY ... ..	11	324	8	402
MIDWIVES ... ..	—	402	—	387
BODIES TO MORTUARY ... ..	2	—	4	—
TRAINING CENTRES ... ..	—	9,011	—	19,003
CRECHE... ..	—	1,171	—	1,191
SPASTIC CENTRE ... ..	—	—	—	786
EMERGENCIES ... ..	2,499	1,666	2,766	1,919
HOUSE TO HOUSE ... ..	106	51	107	44
ROOM TO ROOM ... ..	105	6	77	4
GLENROYD ... ..	940	44	988	92
TRAIN ... ..	40	159	19	268
MISCELLANEOUS ... ..	18	577	3	413
TOTAL PATIENTS ... ..	10,285	57,265	10,004	72,238

	Ambulance	Dual Purpose	Cars	Ambulance	Dual Purpose	Cars
JOURNEYS INVOLVING PATIENT	8,242	2,043	958	9,110	2,998	865
SPECIAL JOURNEYS ... ..	240	230	88	354	238	25
WASTED JOURNEYS ... ..	323	3	12	422	7	7
MILEAGE ... ..	167,686	64,551	61,405	180,083	79,278	52,259

It should be noted that there has been a significant increase in the number of children carried to and from the Training Centre. This is due to the use of the dual purpose vehicles in lieu of the use of private hire taxis.

**Patients conveyed by rail.** Wherever possible arrangements are made for the patient to be transported by rail to the most convenient Railway Station, and notwithstanding the conversion of certain lines from the conventional rolling stock to Diesel Rail Cars 54 cases were moved by rail. The number of miles involved was 9,680, giving an average of 179 miles per case.

**Obstetric Flying Squad.** Three calls were made in respect of this service, and in each case the patient was moved to Hospital.

**Rescue from Crashed Aircraft.** Ambulance crews attended the Airport to familiarize themselves with the layout, and reported to the Airport Fire Station for briefing.

## Section 28—Prevention of Illness, Care and After Care

**Loan of Equipment.** The demand for nursing aids and equipment by the public continues to increase, and each year additional equipment is added to the list. The following table shows stocks and issues by the quarter throughout the year.

Article	Stock	Quarter ending March	Quarter ending June	Quarter ending September	Quarter ending December	Totals
Bed Pans ... ..	33	24	24	24	29	101
Bed Rests ... ..	34	20	20	17	22	79
Air Rings ... ..	31	10	14	14	13	51
Rubber Sheets ... ..	43	26	14	10	13	63
Invalid Chairs ... ..	18	4	9	8	3	24
Male Urinals ... ..	15	7	3	4	9	23
Female Urinals ... ..	14	—	1	2	—	3
Bed Cages ... ..	10	4	5	3	6	18
Commodes ... ..	11	9	6	8	15	38
Crutches ... ..	33½ prs.	—	4 prs.	1 pr.	1 pr.	6 prs.
Feeding Cups ... ..	8	2	—	—	—	2
Bed Boards ... ..	2	—	—	1	1	2
Spinal Carriage ... ..	1	—	1	—	—	1
Overhead Lifting Chains, Beds and Mattresses (Complete Unit) ... ..	2	1	1	—	1	3
Pneumatic Toilet Seat Covers... ..	2	1	1	—	1	3
Beds and Mattresses ... ..	2	—	—	1	1	2
		108	103	93	115	419

The above figures show the actual loans made, but not renewals where the period of three months has expired. It will be appreciated that the purpose of the service is to provide short term loans, consequently there is a big turn-over in the more sought after appliances.

There are also eight enuretic machines held at the School Clinics.

**Tuberculosis.** One Health Visitor is mainly concerned with the care and after care of tubercular patients, but in addition to these duties carried out vaccination and immunisation work at the schools. Close liaison is maintained with the Chest Clinic of the Blackpool and Fylde Hospital Management Committee, and when possible, the Health Visitor acts as relief during holiday periods.

The following figures give a summary of the work undertaken by the Health Visitor in question in relation to Tuberculosis after-care work :—

No. of Dispensary sessions attended	...	...	17
No. of B.C.G. sessions attended	...	...	33
No. of Domiciliary visits :			
New cases and contacts	...	...	433
Old cases and contacts	...	...	806
Other chest conditions	...	...	30
Undiagnosed	...	...	20
Others	...	...	13
Total visits	...	...	1,302

Visits to homes where contact with patient could not be made totalled 79.

Medical support for re-housing is given where family has a tuberculous patient, and the existing conditions are considered detrimental to health. Four such cases passed through the department during the year.

### **Bacille Calmette Guerin Vaccination (B.C.G.)**

**Contact Scheme.** The majority of the work in relation to this scheme is carried out by the Chest Clinic, but in 1962, cases of tuberculosis were reported from two schools and the Adult Training Centre. Accordingly visits were made to these establishments and all willing contacts were skin tested. Where necessary vaccination was carried out.

The table below gives details of the work carried out during the year.

<b>By Chest Clinic</b>					
		2 yrs.	2-4 yrs.	5-14 yrs.	15 and over
Skin Tested ...	...	40	37	60	13
Found Positive ...	...	4	3	6	2
Found Negative ...	...	36	34	54	11
Number vaccinated ...	...	54	34	54	11

<b>By Department</b>					
Skin Tested ...	...	—	—	793	194
Found Positive ...	...	—	—	147	143
Found Negative ...	...	—	—	590	40
Number vaccinated ...	...	—	—	466	30

An additional 576 persons were re-examined after first test.

### **Mass Miniature Radiography**

The Radiography Unit did not visit the area during the year. It is hoped however, to arrange with the Medical Director for the Unit to visit the town annually.

### **Convalescent Care**

Although applications for convalescent care continue to be received throughout the year, the majority were referred to the Director of Welfare Services for any assistance that department could give. One case, however, was recommended for admission to the Evelyn Devonshire Home, Park Hall, Buxton, for a period of two weeks. The Council agreed to meet the cost of maintenance less a contribution by the applicant assessed according to her financial circumstances.

### **Chiropody Service**

The year 1962 saw the near collapse of this service owing to the inability of the department to secure the services of Chiropodists qualified in accordance with the regulations laid down by the Ministry of Health.

The year opened with the department having four part-time Chiropodists working varying sessions as and when they were available, but by the end of May two had resigned, leaving the remaining Chiropodists doing three sessions between them per week. Notwithstanding the stepping up from 6 to 8 patients per session the service creaked under the load of requests for re-treatments and the inevitable new cases.

During these months the waiting list rose alarmingly to an all-time high of 79, and the period between appointments became so extended as to nullify treatment given.



Every effort was made to find a suitable Chiropodist, and in October the department was fortunate in obtaining the services of Mr. Catton on a full-time basis.

Since his appointment the department has been able to provide an effective service, but owing to the demand the services of the part-time Chiropodists have been retained.

Sessions have been held at the Municipal Health Centre, Bispham and Hawes Side Clinics. Transport is provided in extreme cases where the patient is unable to make his or her way to the clinic, 259 cases were assisted in this way.

Many cases however are bedridden or incapacitated to such a degree that domiciliary visits are recommended and during the year 109 such visits were made.

Below are figures showing the number of patients treated throughout the year.

	<i>1st visits</i>	<i>Re-visits</i>	<i>Sessions held</i>
Health Centre Clinic ..	258	1,278	230
Bispham Clinic ... ..	82	231	47
Hawes Side Lane Clinic	19	119	22
Domiciliary Visits ...	18	91	

At the end of the year only 8 patients requiring treatment had not had an appointment.

### Accidents in the Home

The Secretary of the Blackpool and Fylde Hospital Management Committee has kindly furnished figures of admissions to hospital of persons involved in accidents in the home. It will be noted that the figures show a big reduction against previous years, but this is due to the fact that the 1962 figures cover accidents to residents of Blackpool only, whilst previous years cover Blackpool and the Fylde area. It is intended in future to produce for comparison Blackpool figures only.

Notwithstanding, it is obvious that there is a steady increase in these accidents, and every effort must be made to educate the public in the dangers to be encountered in their own homes, and to bring to their attention methods of prevention.

Year	Number of accidents causing scalds to persons				Number of accidents causing burns to persons				Number of other accidents, falls, etc.			
	Under 5 years	5—64 years	65 years and over	TOTAL	Under 5 years	5—64 years	65 years and over	TOTAL	Under 5 years	5—64 years	65 years and over	TOTAL
1962 ...	21	42	4	67	22	62	9	93	371	1,093	328	1,792
1961 ...	20	68	15	103	20	68	10	98	486	1,827	433	2,746
1960 ...	28	47	6	81	26	70	13	109	383	1,543	404	2,330
1959 ...	19	47	4	70	11	42	8	61	283	1,176	305	1,764

**Problem Families.** The difficulties of dealing with Problem Families, with their multifarious family and social problems of adjustment to accepted standards, has received much attention during the year. Meetings were convened every two months to which other interested officers were invited, in an endeavour to co-ordinate the services and solve many of the families' problems.

Meetings every two months are not sufficiently frequent, and more regular meetings should be held.

During the year 23 new cases were discussed and 13 cases reviewed.

### Meals on Wheels

The Council amended its proposals under this section to provide for sick persons to receive meals from the "Meals on Wheels" service to be operated by the Women's Voluntary Services for Civil Defence.

All recommendations and applications were passed to the Director of Welfare Services who dealt with this matter from the commencement. The Director informs me that 3,312 meals were served from the onset of the scheme in February.

## Diabetic Survey

The department was approached by a private firm which asked whether it would care to partake in a survey for the detection of Diabetes. In view of the fact that undetected and untreated diabetes may lead to complications which could cause needless suffering and loss of good health the importance of early detection is very real. On the other hand a diabetic under treatment can lead a full and active life, especially when modern methods of treatment are available. The department, therefore, proposed to participate in the survey but confine it to adults over 21 years.

In this respect 1108 persons living in the vicinity of the Health Centre were invited to co-operate, and accordingly small envelopes containing full directions, a test stick and a letter were forwarded to the selected persons.

General practitioners in the town were asked to participate in the scheme, but their assistance would only be required where the return indicated a positive result. Further investigation in these cases would be necessary.

Dr. Stewart, the Consultant Physician at the Victoria Hospital, was informed of the survey and indicated his willingness to carry out any investigation which might be considered necessary.

All materials used in the survey were provided by the firm in question, and that body made arrangements with the St. John Ambulance Service for the distribution of letters to participating householders.

## Section 29—Home Help Service

The staff of this service consists of one supervisor, one assistant, and one clerk. There were 116 Home Helps on the staff at the end of the year working hours which vary from 20 to 40 hours per week. Of this total, 53 are classified as full-time helps and can be called upon to work a 42 hour week.

The demand for the service continues to grow, and it is becoming increasingly difficult to meet the needs of all applicants. Many of these are not receiving any help, and even the more urgent cases could do with extra help.

The following table shows the number of cases and hours involved :

TYPE OF CASE	CASES ATTENDED				HOURS WORKED			
	1962	1961	1960	1959	1962	1961	1960	1959
Confinements at home ....	9	9	10	7	137	203	330	38
Tuberculosis ....	7	9	6	7	904	949	764	898
Chronic Sick (including aged and infirm)	772	772	670	545	138,092	111,068	99,912	84,725
Others ....	69	70	42	31	6,109	5,920	2,755	1,243
<b>TOTAL</b> ....	<b>857</b>	<b>860</b>	<b>728</b>	<b>590</b>	<b>145,242</b>	<b>118,140</b>	<b>103,761</b>	<b>86,904</b>
Average Annual Hours per case*	169	137	142	147				
Average Weekly Hours per case*	3.2	2.6	2.7	2.8				

\*These averages are based on calculations which assume that the cases are continually attended throughout the year. In practice this is not so, as many cases are on the books for a short period only.



This year has shown that fewer cases were attended and an increased number of hours were allowed to each case. Nevertheless high pressure on the service remains and there are still many of the public seeking help, but because of insufficient staff the department has been unable to meet their requirements.

Requests for the service are principally made by General Practitioners or Hospital Almoners, although we do of course receive direct requests from the patients themselves, relatives, other Welfare and Health bodies and various religious and charitable bodies. All applicants for the service receive an initial visit from the Organiser whose duty it is to allocate the amount of service to be given, to assess the amount payable, and to deploy the staff to their various duties. Follow up visits are undertaken regularly to ensure the service is satisfactory, and that the need is still apparent.

The majority of cases are assessed on the minimum charge of 5/- per week, and in those cases where the family is on National Assistance the Board include this minimum charge in the family's approved expenditure when they calculate the amount of assistance money payable.

The Home Help does not undertake any medical or nursing duties, but the service works in close liaison with the medical and nursing services. The need, and not the ability to pay, is the only criterion on which the service can be assessed.

Duties carried out by the Home Help include :—

All routine duties normally carried out by the housewife, including cleaning of floors and inside windows.

Cooking and preparing meals, caring for any children there may be and seeing that those attending school do so punctually and are clean and tidy.

Undertaking a normal weekly wash providing facilities are available.

Undertaking any shopping for the family, including collecting of pensions, etc.

The Home Helps have been encouraged to consider themselves as part of the Health Service, and many reports of appreciation from households have been received in the department. Many of the Home Helps have built up a very close relationship with the householder and there have been instances when the Home Helps and their husbands have carried out voluntary duties outside the normal work to make life easier for these needy persons.

### Section 51—Mental Health

The staff at the end of the year consisted of three male and one female Mental Welfare Officers, each sharing the after office hours and week-end duty calls.

The following tables give details of the work carried out under the Mental Health Act, 1959 :—

#### *Admissions to Hospitals :*

Section 5 (Admissions—Informal)	...	...	...	...	...	475
Section 25 (Observation)	...	...	...	...	...	8
Section 26 (Treatment)	...	...	...	...	...	7
Section 29 (Emergency)	...	...	...	...	...	89
Section 60 (Court)	...	...	...	...	...	12
Discharges	...	...	...	...	...	500
Died	...	...	...	...	...	52

#### *Home Visits by Mental Welfare Officers :*

(a) General enquiries and reports	...	...	...	...	2,735
(b) After-Care Visits	...	...	...	...	826
New cases referred to department	...	...	...	...	394
Cases awaiting admission to hospitals	...	...	...	...	121



The table below gives details of hospitals to which patients were admitted and the Acts under which action was taken during the year.

Mode of Admission	HOSPITAL							Total
	Whitting- ham	Wesham Park	Lancaster Moor	Brock- hall	Calder- stones	Royal Albert	Others	
Mental Health Act, 1959 :								
Section 5 ... ..	1	278	171	3	—	15	7	475
Section 25 ... ..	—	4	4	—	—	—	—	8
Section 26 ... ..	—	3	4	—	—	—	—	7
Section 29 ... ..	—	23	66	—	—	—	—	89
Section 60 ... ..	—	2	8	1	—	—	1	12
<b>TOTAL ... ..</b>	<b>1</b>	<b>310</b>	<b>253</b>	<b>4</b>	<b>—</b>	<b>15</b>	<b>8</b>	<b>591</b>

### Consequences of the Mental Health Act.

After two years of the Mental Health Act, the full consequences of its provisions can now be estimated. These can be divided into four categories :—

Increase in the number of patients who are treated in the community.

Lack of hospital beds due to several causes.

Increase in the work of hospital out-patient departments.

Increase in the amount of after-care and pre-care demanded from the Mental Health Services.

The lack of hospital beds has been brought about by the upgrading of Ridge Lea Hospital, Lancaster, with a sustained loss of beds in the Wards being rebuilt. Also Lancaster Moor Hospital generally has become a comprehensive hospital with a consequent loss of psychiatric beds.

The number of new cases referred to the department continues to increase yearly, and the number of domiciliary visits has increased very rapidly as a result of attempting to maintain people in the community. The actual number of hospital admissions has risen since 1961, and the national trend of an increase in the number of persons admitted to hospital on compulsory orders rather than informally is reflected in the Borough's figures.

### Geriatric Problem

One other problem which has made itself felt in many departments is that of the old people. The shortage of beds in mental hospitals enhances the deficiencies in the provision of accommodation for this type of patient. Waiting lists appeared during 1962 and have inexorably lengthened during the year. It is no longer possible to admit elderly people to the mental hospital as a last resort.

### Methods

Constant and close contact between the Mental Welfare Officers and hospitals existed before the new Act came into force, and this has been greatly augmented since. This contact takes the following forms :—

#### (a) Case Conferences

- (i) Lancaster Moor Hospital holds a conference each Thursday morning which is attended by one of the department's Mental Welfare Officers. Records are kept of the discussions of the Borough's patients and the requests and opinions of the Responsible Medical Officers are dealt with by the Mental Welfare Officer in question.

- (ii) Wesham Park Hospital has a conference each Friday morning, attended by all Mental Welfare Officers, where, individually, patients, treatment lists, admissions, discharges and social problems are fully discussed.
- (b) Visits to hospitals to see patients, to make contact with nursing staff, in order that hospitalised behaviour may be compared with domestic.
- (c) Submission of reports to the hospitals and consultants on social conditions which have a bearing on the patient's illness.
- (d) Direct contact with the consultants and doctors treating patients at the various clinics held at Wesham Park Hospital, Victoria Hospital and the Municipal Health Centre.

### **Group Therapy**

At the request of Dr. R. S. Ferguson, Consultant Psychiatrist, a group of patients has met each Wednesday evening at Belmont House with one of the Mental Welfare Officers for group therapy sessions.

### **Care of Subnormals**

This also has been affected by the 1959 Act and the difficulty of obtaining beds for long term care has increased. However, visiting is now on a voluntary and non-statutory basis and is possibly much more effective for this reason. Many families have been helped in the problems of maintaining their subnormal children at home, especially by short term care in the Royal Albert Hospital, Lancaster.

The Blackpool Society for Mentally Handicapped Children has continued to give a great deal of support in this field by running a social club and sheltered workshops.

## **JUNIOR TRAINING CENTRE**

The number of children on the register at the end of the year was 25 girls and 35 boys. The Centre was opened on 193 days and there were 9,161 attendances giving an average daily attendance of 47.5.

Transportation of the children remains as last year and 8,704 children were brought to the centre. The remainder of the children were able to make their own way. The question of pick-up points in order to expedite transportation is still under review, but difficulties which would offset the small saving in time have led to the scheme being held in abeyance.

Congratulations are extended to Miss P. Thompson, who returned as a qualified teacher of the mentally handicapped child, having obtained her Diploma.

The Centre, which has been accepted by the National Association for Mental Health as a training centre, had one student for six weeks. A Supervisor and Assistant Supervisor from the Isle of Man also visited the Centre for a study of methods for a period of two weeks.

Local interest in the school was shown by a group of Arnold High School girls who, accompanied by their form mistress, came to distribute toys and sweets to the children.

Functions throughout the year included the following :—

Sports Day and Open Day combined. Between 80 and 100 people attended. Display started with beautiful summer weather which unfortunately deteriorated towards the end of the events. Later in the hall parents enjoyed listening to tape recordings of the year's work in percussion band and singing.

School outing to South Pier Show, kindly arranged by the Blackpool Society for Mentally Handicapped Children. Enjoyed by all. Artistes distributed rock to all the children.

School Concert. Our Christmas Story has become a school tradition. Nearly 100 people were present.



School Christmas Party. The Mayoress and her deputy visited school, and had tea with the children.

Sale of Work. Well attended.

At a meeting of the Blackpool Society for Mentally Handicapped Children a film of school activities was shown, and a decision was made to form a Parent/Teachers Group, the first meeting being held on the 18th October, 1962.

**Psychiatric Club.** The Club held each Wednesday evening in Woodlands School is attended in a supervisory capacity by a Mental Welfare Officer from this Authority and one from the Lancashire County Council. Handicraft instruction is also given by Mr. Dodd of the Junior Training Centre.

**Special Care Units.** The Blackpool Society for Mentally Handicapped Children continues to use the premises 214 Whitegate Drive for the purpose of caring for the very young mentally handicapped child, and still provides a rota of volunteers to care for these children. The unit is opened on two afternoons per week and is invaluable in allowing respite for the parents of the children attending. The number of children who attend throughout the year average 7.

**Adult Training Centres.** The voluntary society continue to accept responsibility for the training of the older mentally handicapped person, and during the year the accepted number was increased from 8 to 16 for the females operating at No. 214 Whitegate Drive and there was a similar increase for the males at the Marton Tram Depot.

The ten year development plan has outlined a scheme for the provision of a Centre for the year 1963/64 and land in St. Walburgas Road, adjacent the M. and C. W. Clinic, has been earmarked as a site for this project. In the meantime praise must be extended to the Society for their most charitable efforts in this direction.

The Council accepted a kind invitation of the Medical Officer of Bolton to visit their Adult Training Centre as it was felt that valuable information would be derived from such an inspection.

**Residential Accommodation for the Mental Disordered.** The Mental Health Hostel in Lytham Road, which has been named Belmont House, has now functioned for a full year.

The original staffing establishment was amended in the light of experience, and a Resident Deputy Warden and Deputy Manageress were appointed in August. The present establishment is :—

- 1 Resident Warden.
- 1 Resident Manageress.
- 1 Resident Deputy Warden.
- 1 Resident Deputy Manageress.
- 1 Female Cook.
- 1 Male Domestic.
- 1 Female Domestic.

All posts were occupied at the end of the year, one female attendant being held against the post of Male Domestic.

The following is furnished as easy reference to the movement of patients during the year.

(a)	No. of patients in residence at 31st December, 1962	...	...	22
(b)	No. of patients who have passed through hostel in 1962	...	...	61
(c)	No. of patients from other authorities included in (a)	...	...	5
	No. of patients from other authorities included in (b)	...	...	9*

\* 6 patients were admitted at the request of the Lancashire County Council and 3 from the West Riding of Yorkshire.

The length of stay varied from a complete year down to one day.

The number of patient days was 4,754, giving an average daily attendance of 13.



The hostel has proved to be an extremely useful asset, providing a residential centre to which patients may be discharged from hospital in order that their transition from protective environment to community may be supervised. It has also proved very beneficial for patients in the community who would in previous circumstances have had to enter hospital but are now prevented from further mental deterioration by being accommodated within the more secure atmosphere of Belmont House.

## PUBLIC HEALTH ACT, 1936—REGISTRATION OF NURSING HOMES

At the end of the year there were seven Nursing Homes registered within the borough. These Nursing Homes provided 9 maternity beds and 152 medical and surgical beds. The licence for No. 8 Seventh Avenue was surrendered during the year, but other than this, there was no change from the previous year. Eleven inspections of these were made during the year to ensure that the required standard was being maintained.

The list of Nursing Homes with number of beds is shown below.

	No. of Beds	
	Maternity	Others
Ascot Nursing Home, 13 Luton Road ... ..	—	11
Convent of Our Lady of Wisdom, 575 Lytham Road	9	77
Northwood, 19 King Edward Avenue ... ..	—	12
Langdale, 67 Park Road ... ..	—	8
Inglehurst, 129 Newton Drive ... ..	—	18
Rocklands Nursing Home, 49 Bryan Road ... ..	—	14
St. Teresa's Nursing Home, 188 Norbreck Road ...	—	12
<b>TOTAL ... ..</b>	<b>9</b>	<b>152</b>

**Agencies for the Supply of Nurses.** During the year there were no applications for registration under the Nurses Agency Regulations, 1961.

## MEDICAL EXAMINATIONS

The number of medical examinations carried out by the Medical Staff of the department increased slightly over last year, and details of the examinations are given below.

Entrance to the Corporation Superannuation Scheme ...	1,048
On behalf of other Local Authorities ... ..	14
Fitness for work ... ..	154
Routine medical examinations, Children's Act ... ..	34
Mental Health Act ... ..	5
	<hr/>
	1,255
	<hr/>

## WELFARE SERVICES—NATIONAL ASSISTANCE ACT, 1948

**Section 47.** The only action taken by my department during 1962 was the making of an order detaining a woman of 74 years at the Highlands, Wesham.

Details of the case are as follows :—

**Case "A".** This was a lady of 74 years, living in two rooms which were in a very insanitary condition. She herself was also filthy and was in definite danger of fire. Her physical condition was fairly good but she was insufficiently nourished.

On a later visit there was a definite odour of alcohol. It was felt that she was unable to manage her own affairs and although recommended for admission to an Old People's Home she persistently refused to enter voluntarily. The owners of the house where she was living indicated that they were no longer willing to allow her to remain there, consequently she would be rendered homeless.

It was not felt that it would be needful to pursue an extension order in this case as there was little likelihood of the patient leaving the hospital.

All other cases dealt with previously appear to have lapsed as the department was not called upon to take further action.

### EPILEPTICS AND SPASTICS

The care of adult epileptics and spastics over school leaving age is the responsibility of the Welfare Department.

The Director of Welfare Services informs me that in accordance with the scheme for the provision of welfare services for handicapped persons made under Section 29 of the National Assistance Act, 1948, a register of such persons has been compiled and at 31st December, 1962, there were 32 adult epileptics and 18 adult spastics included in the register.

Included in the number referred to in the previous paragraph were 16 epileptics maintained in epileptic colonies. During the year there were two new admissions and five discharges, making 13 maintained at the 31st December, 1962.

The position with regard to epileptics and spastics of school age and under is tabulated below :—

<b>Epileptics (including Petit Mal).</b>						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
In Residential Schools	...	...	...	...	...	2	—	2
Attending Open-Air School	...	...	...	...	...	2	—	2
In Day Special School for E.S.N.	...	...	...	...	...	1	—	1
Attending Ordinary Schools, under observation	...	...	...	...	...	20	17	37
Excluded—to have further trial period in school after review	...	...	...	...	...	1	—	1
Under school age	...	...	...	...	...	2	2	4

#### Spastics

Attending Open-Air School	...	...	...	...	...	5	4	9
Attending Ordinary Schools (mild cases)	...	...	...	...	...	3	2	5
At Home, having Home Tuition	...	...	...	...	...	2	2	4
At Home, pending admission to Assessment Centre	...	...	...	...	...	1	—	1
At Home, awaiting probable notification under Section 57 of the Education Act	...	...	...	...	...	—	1	1
Under School age	...	...	...	...	...	—	3	3

**Blind and Partially Sighted Persons.** The Director of Welfare Services informs me that at 31st December, 1962, the total number on the register was as follows :—

<i>Blind Register</i>			<i>Partially Sighted Register</i>		
Male	...	174	Male	...	57
Female	...	274	Female	...	107
<hr/>			<hr/>		
448			164		
<hr/>			<hr/>		

Children of school age and below are reported on as follows :—

<b>Blind</b>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
At Home, having Home Tuition...	1	—	1
In Residential Schools	1	1	2
Under School age	1	—	1

## Partially Sighted

Attending Day Special School for E.S.N. ... ..	1	—	1
Attending Open-Air School ... ..	2	—	2
Attending Ordinary Schools, under observation ...	4	4	8
Under School age ... ..	2	—	2

## Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
<b>BLIND :</b>				
(i) Number of cases registered as blind during the year ended 31st December, 1962, in respect of which Section F. of Forms B.D.8 recommends :—				
(a) No treatment ... ..	5	6	—	19
(b) Treatment (medical, surgical, optical or hospital supervision) ... ..	12	3	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	4	3	—	6
(iii) Number of cases at (ii) above in which :				
(a) Vision improved ... ..	3	—	—	—
(b) Sight restored ... ..	—	—	—	—
(c) Treatment continuing at end of year ... ..	2	3	—	6
<b>PARTIALLY SIGHTED :</b>				
(i) Number of cases registered as partially sighted during the year ended 31st December, 1962, in respect of which Section F. of Forms B.D.8 recommends :—				
(a) No treatment ... ..	9	5	—	19
(b) Treatment (medical, surgical, optical or hospital supervision) ... ..	7	3	—	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	2	2	—	11
(iii) Number of cases at (ii) above in which :				
(a) Vision improved ... ..	—	—	—	—
(b) Sight restored ... ..	—	—	—	—
(c) Treatment continuing at end of year ... ..	2	2	—	11

## Ophthalmia Neonatorum

(i) Total number of cases notified during the year ... ..	7
(ii) Number of cases in which :—	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ... ..	—



## CREMATIONS

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Authorised cremations at the Blackpool Crematorium were 2,639 ; of these 1,260 were in respect of Blackpool residents.

This is an increase of 113 against last year.

The table below is published to demonstrate the trend of applications for cremations over the past four years :

	1962	1961	1960	1959
All applicants     ....     ....	2,639	2,526	2,382	2,458
Blackpool residents     ....	1,260	1,174	1,068	1,093

Once again the number is on the increase after a reduction brought about by the building of new crematoria in the Lancashire area. The weekly average is 50, and is still well within the capacity of 99, the estimated number which could be dealt with in extreme emergency. However, there is quite a variation of the numbers put through week by week. The highest number recorded in one week was 98, whilst the lowest was 31.

As a matter of interest, below is published the number of burials in respect of Blackpool residents which have taken place in Blackpool during the past four years, and it will be seen that cremations now far exceed the number of burials.

1962	1961	1960	1959
856	748	790	756

## HEALTH EDUCATION

A constant stream of health education material is issued to the clinics, covering home safety, lung cancer, dental hygiene, immunisation, food hygiene and many other health subjects.

The contribution to the Central Council for Health Education towards the cost of material has steadily increased, and this year the sum of £82 was authorised by the Blackpool Council.

Permission from the majority of the licensed premises in the town was obtained to fix in their toilets new notices with regard to treatment times for venereal diseases, and the Director of Public Cleansing co-operated in replacing old notices with new ones. These are made of an almost indestructible material in order to prevent defacement.

Approaches by outside organisations for talks, lectures, etc., have been made to the Department's officers, and these have been willingly met, the officers giving hours of their own time to meet this demand. Film slides have been shown to add interest to the talks. Almost every subject of public health has been touched upon, and there is no doubt that this method of health propaganda is invaluable. It is felt that the time is ripe for the department to acquire a film projector for use in this direction.

Arrangements were made with the School of Catering and Food Technology for lectures to be given, and successful students who have attended a series of lectures were awarded certificates of the Royal Institute of Public Health and Hygiene on passing the examination. Officers of this department were amongst the lecturers.

## **SMOKING AND LUNG CANCER**

The main efforts to bring to the notice of the public have been directed through schools, as it is felt that the school leaver is one who should be warned of the dangers of smoking so far as health is concerned. If at this stage there is sufficient impact on youth, it would be an important step in reducing the numbers of smokers. It is a popular concept that the habitual smoker is difficult to reform, but it is known that many of the public have tried to give up smoking, and in many instances have succeeded in doing so because of the impact of Health Education.

Posters and Health Education material have been displayed in the clinics and Health Visitors have included this topic in the Health Education programme.

Posters have also been displayed in public buildings.

A number of lectures to Church organisations and Youth Clubs were given, during which a film on the subject was shown. Attendances, however, left much to be desired.

The Central Council for Health Education approached the department offering the use of a Mobile Unit in the campaign against smoking. The offer was accepted and preliminary arrangements were made for the Unit to visit the town in March or April of 1963.

## **BLACKPOOL HOME SAFETY COMMITTEE**

1962 saw further progress in the activities of the Committee in their efforts to bring the dangers of accidents in the home to public attention. Posters were distributed at all exhibitions held in the town during the year.

The Committee again received a grant of £50 from the Blackpool Corporation to assist them in their activities and although this amount is totally inadequate for the needs of the Committee, this contribution was most gratefully received.

On the 24th May, 1962 a most successful Home Safety Evening was held at which Mr. R. Aird, the Deputy Chief Education Officer, Mr. E. H. Harmer, Chief Fire Officer, and Dr. W. J. Ross, the Senior Casualty Officer of the Blackpool Victoria Hospital, in addition to myself, spoke on home safety and answered questions from the audience. The meeting was packed to capacity and it was unfortunate that there was not sufficient accommodation for all those who wished to attend.

During the Home Safety Week in October, the emphasis was training for home safety, and in this connection a suitably decorated vehicle toured the town with voluntary members of the Committee distributing leaflets. The week was inaugurated by His Worship the Mayor in the Council Chamber, at which many organisations in the town were represented.

The Committee's appreciation is again extended to all officers and members of the Society for their efforts and loyal support during the year.

## **TEN YEAR PLAN—LOCAL AUTHORITY HEALTH SERVICES**

Local Health and Welfare Authorities were requested by the Ministry of Health, (Circular 2/62) to prepare a plan for the development of their services over a ten-year period. The programme was not only to include capital projects but to estimate the probable increase in staff not only for new services but also for the extension of present ones.

In making such recommendations certain facts in relation to the area have to be taken into account.



There will be a substantial rise in old people, and the Registrar General estimates that there will be a 28% increase in the number of persons over the age of 65 by 1975. As a town where people come to retire the proportion of this age should be higher. It must be accepted therefore that services for this type of person will require supplementing, and include the following.

- (i) The extension of loan schemes for nursing equipment.
- (ii) Night attendance of Home Nurses and Home Helps.
- (iii) Provision of occupational therapy at home.
- (iv) Mobile meals services for chronic sick.
- (v) Laundry services at home.
- (vi) Holiday convalescent care.
- (vii) Chiropody services at home and at clinics.
- (viii) Provision of day centres and advice centres for the elderly or handicapped persons.

Although the town has a lower birth rate than that of England and Wales, there is every indication that the number of births in the town will continue to increase, and accordingly ancillary services will have to be extended. These include the Day Nursery, Child Welfare Centres, Ante and Post-Natal Clinics, Midwifery and Health Visiting Services.

A guide to the standard of Blackpool's Health Services, compared with other authorities, can be gained from the fact that 26% less was spent against the average County Borough on health services in the programme.

The large potential of voluntary organisations should be utilized to the fullest. Essential to the success of any scheme are firm starting dates as any deviation or postponement of any part will upset the development of the others.

One of the primary schemes in the programme is a purpose built Child Welfare Centre in the south of the town which will absorb temporary premises at present in use. A new Day Nursery is to replace a rapidly deteriorating wooden structure.

Expansion of the Ambulance Service and a new Ambulance Station is envisaged. The increasing commitments are caused by (i) increased use of Outpatients' Hospital Department, (ii) introduction of a day hospital under the Mental Health Services provided by the hospital, (iii) transportation of pupils to Adult and Junior Training Centres, (iv) present trend of road accidents.

A number of new projects are put forward to meet the needs of a rapidly expanding Mental Health Service. A new Mental Health Hostel is to be built to replace the existing one in the period 1967/72. Other projects are entirely new schemes designed to provide for the aged mentally infirm, a training centre for adult mentally handicapped and a special care unit to be attached to the present Junior Training Centre.

Individual services have been considered, but it will be noticed that the emphasis in public health is now shifting from child health to the problems of old people. Services designed to help this age group are of primary importance and additional services not shown in the present plan could be made available by using part of the premises at the Health Centre.

This could bring about the unification of services for the aged with active co-operation between the family doctor, hospital and local health authorities.

The following tables outline the Capital Expenditure involved, the capital programme and the proposed staff increases.



## TEN YEAR PLAN FOR DEVELOPMENT OF THE HEALTH SERVICES

In consequence of circular 2/62 of the 23rd January, 1962, in which the Ministry of Health requested recommendations on the proposals for the development of the Health Services, the department put forward its capital programme.

Financial Year	Scheme	Location and Size	Provisional Cost
1962/63	Combined Maternity, Child Welfare and School Clinic	Abbey Road, Blackpool. To serve the southern area of the town. (Replacement). Purchase of land only	Estimated cost of site, £7,500
1963/64	Mental Health Hostel for the Aged	Ferguson's Nurseries, Whitegate Drive, Blackpool. 30 places. (New provision)	Total cost of scheme, £62,750
	Adult Training Centre and Care Unit	Site not yet chosen. 70 places (New provision)	Total cost of scheme, £53,750
1964/65	Creche for Mentally Handicapped Children	Extension to Woodlands School (present Junior Training Centre), Whitegate Drive, Blackpool. 12 (places) (Replacement)	Total cost of scheme, £10,750
	Combined Maternity, Child Welfare and School Clinic	Abbey Road, Blackpool. To serve the southern area of the town (Replacement)	Total cost of scheme, excluding cost of land, £27,000
1967/72	Day Nursery	Municipal Health Centre, Whitegate Drive, Blackpool. To accommodate 25 (Replacement)	Total cost of scheme, £19,000
	Mental Health Hostel	Lytham Road, Blackpool. 30 places (Replacement)	Total cost of scheme, £60,000
	Maternity and Child Welfare Clinic	Haddle House Estate, Bispham (New provision)	£19,000
	Hostel for Pupil Midwives	Site not yet chosen. Accommodation for Resident Warden and 12 Pupils	Total cost of scheme, £28,000
	Ambulance Station	Site not yet chosen. To provide accommodation for 24 vehicles (Replacement)	Total cost of scheme, £57,000
	Maternity and Child Welfare Clinic	Bowness Avenue, Mereside (Replacement)	Total cost of scheme, £24,670

### Net Revenue Expenditure

SERVICE	Estimate for 1962-3	Estimate for 1963-4	Estimate for 1964-5	Estimate for 1965-6	Estimate for 1966-7	Approximate Estimate for 1971-2
Health Centres ....	—	—	—	—	—	—
Care of Mothers and Young Children ....	23,945	25,020	25,890	28,340	28,550	37,500
Midwifery, including expenditure as Local Supervising Authority ....	10,600	11,720	12,930	14,230	15,640	22,000
Health Visiting ....	14,570	16,565	17,510	18,400	19,350	23,150
Home Nursing ....	22,010	26,045	28,655	30,655	31,655	37,500
Vaccination and Immunisation ....	1,105	1,750	1,750	1,750	1,750	1,750
Ambulance Service ....	43,180	45,735	49,330	56,325	56,500	70,000
Prevention of Illness, Care and After Care (excluding Mental Health) ....	1,585	3,245	3,995	4,845	5,000	8,000
Domestic Help ....	29,640	34,990	43,850	52,000	61,000	79,000
Mental Health ....	24,785	27,975	37,595	50,500	51,250	55,000
Expenditure under other enactments and on general administration ....	15,075	15,170	15,670	16,700	17,800	21,775
Expenditure on local health services not reckonable for general grant ....	—	—	—	—	—	—
Total for Local Authority Health Services ....	186,495	208,215	237,175	273,745	288,495	355,675

## Staff

CATEGORY OF STAFF	1961- 1962	1962- 1963	1963- 1964	1964- 1965	1965- 1966	1966- 1967	1971- 1972
<b>MEDICAL AND NURSING</b>							
Doctors . . . . .	3	3	3½	3½	3½	3½	4
Dentists . . . . .	½	½	½	½	½	½	½
Midwives . . . . .	5	6	7	8	8	8	10
Supt. Health Visitor and Deputy	1	1	1	1	1	1	2
Health Visitors . . . . .	8	12	14	15	16	17	21
Supt. Nursing Officer and Deputy	1	1	1	2	2	2	2
Home Nurses . . . . .	24	27	29	31	33	34	40
Day Nursery . . . . .	3	3	3	3	3	3	3
Clinic Nurses . . . . .	4	4	4	4	4	4	6
<b>AMBULANCE</b>							
Ambulance Officer . . . . .	1	1	1	1	1	1	1
Station Officer . . . . .	1	1	1	1	1	1	1
Shift Leaders . . . . .	4	4	4	4	4	4	4
Drivers/Attendants . . . . .	36(17)	38(17)	38(17)	40(18)	44(20)	44(20)	52(24)
<b>MENTAL HEALTH</b>							
Mental Welfare Officers . . . . .	4	4+	5+	1 Senior 5	1 Senior 5	1 Senior 5+	1 Senior 7
Junior Training Centre and Creche	6	1 Trainee 6	1 Trainee 6	7	7	1 Trainee 7	7
Adult Training Centre . . . . .	—	—	—	6	6	6	6
Mental Health Hostel (Belmont House)	3	4	4	4	4	4	4
Mental Health Hostel (Aged) . . . . .	—	—	—	5	5	5	5
<b>OTHER STAFF</b>							
Physiotherapists . . . . .	2	2	2	3	3	3	4
Occupational Therapists . . . . .	—	—	1	1	2	2	3
Home Help Organiser and Deputy	2	2	2	2	3	3	4
Home Helps . . . . .	75	75	90	110	130	150	190
Chiropodists . . . . .	½	1	2	3	4	4	6
Admin. Staff . . . . .	18	19	20	22	23	24	28
Speech Therapists . . . . .	—	—	1	1	1	2	2

## PAPER GIVEN AT THE MANCHESTER REGIONAL HOSPITAL BOARD STUDY COURSE

The Local Health Authority, whose duty is to maintain, protect and improve the health of the people through organised community effort, is responsible for a wide range of services. It is proposed to concentrate only on two aspects which are at present of immediate importance to the Regional Hospital Board and the Local Authority in this area—Mental Health and Care of the Aged.

The population of 100,000—150,000 was mentioned in "A Hospital Plan for England and Wales" in the concept of a district general hospital of 600-800 beds. Administratively a district general hospital and a Local Health Authority providing for the same area and population would seem to be a planners' ideal. If it were possible to equate the Local Health Authority area with the catchment area of the hospital group administration, fusion of the three services within the National Health Service would be possible, but it is not likely to occur in the immediate future. However, the "Local Government Boundary Commission" have recently appeared to be favouring Local Government units of even larger size, and this may eventually be reflected in the size of District General Hospitals. It is certain that the recommendations already published, if carried out, will cause considerable rethinking for the authorities reviewed.

A study of the financial figures relating to present domiciliary services show a wide variation and must of necessity reflect different standards of provision by Local Authorities. In the future there must be a levelling up to ensure that the population receives equal care in all areas. It is anticipated that these services will increase



as they are at present largely limited by the trained staff available. The Health Service was established by society to meet its needs for an organisation to protect the population's health and also to constitute a workshop for medical and nursing personnel.

During the past few years the biggest challenges to the Local Authority Services have been Health Education, Mental Health and Care of the Aged. More detailed consideration will be given to Mental Health and Care of the Aged as these services show interesting contrasting developments and are both closely associated with the Hospital Service.

Health Education and its success or failure is difficult to estimate and its only association with the Hospital Service is that the staff employed there could, by their power of example, rank high as factors influencing the young.

To secure the public good it is necessary to obtain the willing consent of the people as a whole before any project can achieve success. The community Mental Health Services demonstrate how this has been achieved locally. Resistance to the development of these services has been widely reported from many areas, but the people of Blackpool have shown a quick appreciation for the needs of those services which, though still in their early stages, are showing a steady if not rapid growth. As an authority on a fringe area removed from the stimulating influence of the Teaching Hospitals and Universities it may be of interest to describe these developments.

Initially, medical staffing up to 1959 was insufficient to allow a psychiatrist to be attached to this area which was served by visiting psychiatrists working in sessions at the local hospital. Of necessity they had little opportunity or time to devote to the domiciliary side of the mental health service, which was mainly a removal and custodial service for mentally disordered patients. The Local Authority by foresight and genuine concern for the mentally handicapped were fortunate in having available a Junior Training Centre which was opened shortly after the introduction of the Mental Health Act. This progressive outlook was further stimulated when the Regional Hospital Board appointed a Consultant Psychiatrist to the area. It was then possible to get an opportunity for active co-operation which benefited by starting without having to break through some of the rigid boundaries which surround other specialities and services.

As there were no mental beds in the area, it was considered that the rehabilitation of patients back into this community would be assisted by hostel accommodation. The Local Authority decided to go ahead with the provision of a residential hostel to cater for the younger section of the population, both males and females, mentally ill and mentally sub-normal. In the first few months of its existence it does not appear that the needs of the mentally ill will be as great as had been originally thought from the figures provided by the hospitals. Arrangements are now being made for the admission of the mentally subnormal. A new service must be allowed some time to develop and it is still too early to give a definite forecast.

As no therapeutic facilities were available for the mentally ill locally this necessitated long journeys and in many instances for patients to pass from the care of the local psychiatrists to that in the admission hospital.

A request was made by the local authority to discuss this matter with the Regional Board. They readily agreed to the establishment of a day hospital, which has now reached an advanced stage in planning and should soon be in operation. It is intended that this will meet a community need and orientate social needs towards the ordinary society rather than the artificial society of a hospital.

Psycho-geriatric cases have long been a problem, and have tended to fall between the two specialities of Psychiatry and Geriatrics. The local authority have allocated a site and plans are actively being prepared for a new hostel for those whose physical strength has outlasted their mental powers. It is the intention to give assistance to those who are shouldering their moral responsibility by looking after their old folks at home. By admission for short periods it is hoped to give these people a rest and so



prevent the complete breakdown in family relationships which happens when a small household is presented with a 24-hour problem for 365 days each year. Inevitably it will not be possible to carry out this policy in all cases, but it is essential to ensure a turn over of cases and provide some degree of relief for the greatest number. It is also intended to run part of this as a day-centre where these old people could be looked after during the day in those cases where responsible members of the family have to go out to work.

The Mental Health Sub-Committee of the Local Authority, after some initial setbacks, are making considerable efforts to ensure that a new adult training centre is available during the year 1963/64. This will provide continuity of care under the Local Authority for those now at the Junior Training Centre, and certain categories of the mentally ill.

The Local Authority employ four mental welfare officers who at present provide one of the main links with the general practitioner service and by visiting the patients in their homes and attending regular case conferences at the hospital and hostel ensure that the closest co-operation exists between the hospital staff, the local authority and the general practitioner.

Although these developments are not yet completed and much still remains to be done, the relationships which have been established will do much to ensure an efficient mental health service between all branches.

In the foregoing paragraphs reference has for the sake of clarity been made to the Local Authority and Regional Board but so far as the Mental Health Services have been concerned it is no longer a question of "us" and "they" but merely "we".

So much for Mental Health, now for the Care of the Aged, or should we call them Senior Citizens. These present an urgent problem for all branches of the Health Service and particularly for Local Authorities of Coastal Areas. Arrangements are not yet all that might be desired.

It is well known that we have an ageing population. The estimated population of England and Wales for 1960 was 45 $\frac{3}{4}$  million, and of this 5 $\frac{1}{2}$  million were aged 65 years or more. By 1978 there will be 7 $\frac{1}{4}$  million. The proportion of old people has increased from 4.7% at the beginning of the century to 12% at present and probably 15% in 1978.

Against the present 12% of the country, seaside resorts show the following figures :—

Bournemouth	...	...	...	30
Morecambe	...	...	...	27
Hastings	...	...	...	21.5
Brighton	...	...	...	16
Southend	...	...	...	16.2
Southport	...	...	...	19
Blackpool	...	...	...	20

From this it can be seen that the population structure of Blackpool is at least 10 years ahead of the rest of the adjoining hinterland.

In an article in the Town Planning Review it stated that an estimated 20,000 people retire to the coast each year and that Blackpool had a net inward migration each year of 1,200 persons. Certainly a large section of the population changes each year, many of them people over 60 years of age who have moved away from relatives and friends and do not readily make new acquaintances. Whilst both spouses remain alive this does not seem to be important, unfortunately the death of one presents an unmanageable crisis for the other. Those who attempt to retain their independence usually become gradually more withdrawn from the community. The loneliness and

unhappiness caused by this alone presents a considerable problem to the General Practitioner, the Welfare Department and the Mental Health Section of the Health Department. There is no group in the community in which there is so much need for care and support today as amongst the aged.

The Local Health Authority have extended the Home Help Service, District Nursing and Health Visitors and now provide a night sitter-in, chiropody and convalescent scheme and loan of nursing equipment. The non-sick aged are the responsibility of the Welfare Department, who are providing increased residential accommodation and recently commenced a "meals on wheels" service run by the W.V.S.

The hospital service has recently extended its out-patient clinics, unfortunately in a hospital eight miles outside Blackpool.

The ten year plans now requested by the Minister of Health will provide a new opportunity for better co-ordination between health and welfare as well as hospital authorities.

It has been said that we should no longer plan for isolated services, and the opportunity should now be taken to radically examine in particular the service for the aged, where public demands are still unsatisfied.

The co-operation between the local authority and hospital staff in this area must be due in part to many of the services which have passed over to the hospital continuing to work from the same building. From here there continues to operate the Chest Clinic, Special Treatment Clinic and until some months ago a section of the Pathology Laboratory. Many of the staff have from time to time confirmed how useful it was to have this opportunity of contact and communication. Opinions have not always been unanimous but the majority have always welcomed the opportunity to meet their colleagues, and this has been to the undoubted advantage of the patients. Meetings of the Local Medical Committee and Executive Council also take place in the same building. In addition voluntary bodies such as the National Association of Mental Health and the Society of Parents and Friends of Mentally Handicapped Children and the Family Planning Clinic also hold their session on the same premises. The Consultant Psychiatrist holds one session of Outpatients and the Consultant Obstetrician has one booking session for patients who are to be admitted to the local Maternity Hospital. This has obviously contributed to the bringing together of the local authority services and the hospital staff, but to a lesser extent the general practitioners. Now, however, and one can sympathise with the view, the Regional Board proposes to bring all the services for which they are responsible within the framework of the hospital. It is natural that specialists would want to be close members of the new hospitals, with all the diagnostic and therapeutic procedures and channels of communication available, and not to feel isolated from their colleagues, but could not the foundation which has at present been laid be used to establish a medical centre for the care of the aged as an experiment in keeping services in the community?

In the pamphlet published by the Ministry describing the services available for the Care of the Aged and Chronic Sick, reference is made to the various Health Advisory Clinics made available by Local Authorities. In this area a modified type of medical centre might be run in part of the premises which have already been released.

The services to be available at the centre could include :

- (1) X-Ray and laboratory facilities, similar to those provided by the Maternity and Child Welfare Clinics.
- (2) Day treatment centre for physiotherapy exercises, occupational therapy and chiropody, and speech therapy provided by staff from either the Hospital or Local Authority.



- (3) Nurse and necessary equipment so that dressings and injections could be carried out on behalf of and under the general instruction of the family practitioner.
- (4) Health advisory service by Health Visitors, centred on general practitioners to assist concerning diet and personal care, including bathing facilities.
- (5) Facilitate consultation and arrangements for Home Helps and District Nurses and Mental Health Services.
- (6) Advice on the Social Facilities and Meals on Wheels by members of the Welfare Department who could be in attendance accompanied by representatives of Voluntary Bodies.
- (7) The consultant geriatrician could be in attendance to give advice where necessary.

These services are those which are used largely by the General Practitioners and are provided by the Hospital or Local Authority.

This could be a centre which, besides helping to unify the services for the Aged, would make co-operation possible between the Hospital, Family Doctor and the different departments of the Local Authority. It would offer the opportunity for the services to work not only with each other but through each other. If it should prove successful thought might be given to providing a few day-beds to allow general practitioners who wished to carry out some minor operations. The general practitioners, whilst still retaining their own surgeries, would have the opportunity of developing their own services to the patient and would give them a personal contact with the hospital services. The hospital would have an even stronger link with the community it has to serve.

There is need for co-operation and collaboration as the existing fractionalisation is confusing not only to those needing the service but also those providing it. Where there are overlapping services there are likely to be excessive numbers of visitors, and social workers. The increasing need demands the best use of the facilities available and coastal areas could now be used for experimental purposes to pioneer a scheme for general application in 10 years when the national population structure will be approaching that now found in seaside resorts.

There is a strong desire by those working with the patients in the homes to co-operate, but machinery is needed to bring them together and by control and development keep them in harmony.

It may be that full integration of the health services will take as long as the reunion of the churches, but it is just as inevitable. There is no finality about disease and dis-ease, only a unified service can provide the control and flexibility of approach to preserve the whole health of the community.

This could be fostered by

- (1) A joint committee between the Local Authority and the Regional Board where conflicting views could be discussed openly in addition to the contact at present officer level.
- (2) Experimentation by both the Local Authority and the Regional Hospital Board to assist in keeping the community services in the district orientated round the now universal general practitioner service, and provide more opportunities of contact and communication.

The person who can help to achieve this will do as much for humanity as the American Astronauts or the building of Coventry Cathedral.



**PUBLIC HEALTH ACT, 1936**  
**PUBLIC HEALTH LONDON ACT, 1936**

**Public Swimming Baths**

The Baths General Manager reports that there is no change from the details furnished in the 1960 Report with regard to Public Swimming Baths in the town.

**WATER SUPPLY**

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information :—

Water supplied to Blackpool is collected at two sources : (a) from watersheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory both in quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below :—

Source of Sample	No. of samples examined	Av. No. of coliform organisms/ 100 mls.	Average No. of colonies growing in Yeastral Agar	
			2 days @ 37°C. per 1 ml.	3 days @ 22°C. per 1 ml.
RAW WATER				
Hodder ... ..	12	47	14	130
Barnacre ... ..	12	16	7	25

**TREATED WATER**

**HODDER**

Marton, Head Office				
Warbreck Reservoir ...	35	nil	1	3

**BARNACRE**

Warbreck Tower				
108 Cornwall Avenue...	23	nil	1	2

A further summary of figures for water going into supply is as follows :—

Source of Sample	Number examined	No. free from Coliform Organisms	% Satisfactory	Aerobic micro-organisms growing in Yeastral Agar No. of colonies per ml. of water	
				in 2 days @ 37°C.	in 3 days @ 22°C.
57 Lomond Ave., Marton	11	11	100	1	4
Head Office, Sefton St.	12	12	100	1	3
Warbreck Tower ...	12	12	100	1	2
Warbreck Reservoir ...	12	12	100	1	1
108 Cornwall Ave. ...	11	11	100	1	2

Chemical analyses of Stocks and Barnacre Raw water and analyses of the water in supply in Blackpool are shown hereunder :—

# FYLDE WATER BOARD

## CHEMICAL ANALYSES—HODDER SUPPLY

APPEARANCE				Raw Water	Water supply all year round to Marton Head Office and winter supply from Warbreck Reservoir			Summer supply from Warbreck Reservoir
				Yellow with some suspended matter	Clear and bright			Clear and bright
Colour (Hazen p.p.m. Pt.)	....	....	....	60	....	5	....	5
Turbidity (p.p.m. Silica)	....	....	....	6	....	Nil	....	Nil
Odour	....	....	....	Nil	....	Nil	....	Nil
Taste	....	....	....	—	....	Normal	....	Normal
Reaction pH Value	....	....	....	6.9	....	8.0	....	7.3
Residual Chlorine	....	....	....	Nil	....	p.p.m. 0.05	....	p.p.m. 0.05
Free and Saline Ammonia as N <sub>2</sub>	....	....	....	0.08	....	0.20	....	0.10
Albuminoid Ammonia as N <sub>2</sub>	....	....	....	0.12	....	0.14	....	0.06
Nitrous Nitrogen as N <sub>2</sub>	....	....	....	0.002	....	0.002	....	Nil
Nitric Nitrogen as N <sub>2</sub>	....	....	....	0.25	....	0.26	....	0.40
Oxygen absorbed 4 hrs. @ 27°C	....	....	....	3.8	....	0.66	....	0.40
Free Acidity as CO <sub>2</sub>	....	....	....	5	....	Less than 5	....	Less than 5
Carbonate Hardness as CaCO <sub>3</sub>	....	....	....	23	....	16	....	35
Total Hardness as CaCO <sub>3</sub>	....	....	....	34	....	40	....	56
Non-carbonate Hardness as CaCO <sub>3</sub>	....	....	....	11	....	24	....	18
Excess Alkalinity as Na <sub>2</sub> CO <sub>3</sub>	....	....	....	Nil	....	—	....	—
Calcium as CaCO <sub>3</sub>	....	....	....	27	....	32	....	47
Magnesium as CaCO <sub>3</sub>	....	....	....	7	....	8	....	9
Total Solids dried at 180°C	....	....	....	80	....	90	....	105
Chloride as Cl	....	....	....	9	....	9.5	....	13
Sulphate as SO <sub>4</sub>	....	....	....	15	....	21	....	18
Lead as Pb	....	....	....	Nil	....	Nil	....	Nil
Manganese as Mn	....	....	....	0.04	....	0.02	....	0.02
Copper as Cu	....	....	....	0.02	....	0.01	....	0.01
Iron as Fe	....	....	....	0.60	....	0.05	....	0.03
Aluminium as Al <sub>2</sub> O <sub>3</sub>	....	....	....	Nil	....	0.25	....	0.20

# FYLDE WATER BOARD

## CHEMICAL ANALYSES—BARNACRE SUPPLY, i.e. Warbreck Tower and 108 Cornwall Avenue, Blackpool

APPEARANCE				Raw Water	Summer Supply			Winter Supply
				Slightly yellow some suspended matter	Clear and bright			
Colour (Hazen p.p.m. Pt.)	....	....	....	30	....	4	....	4
Turbidity (p.p.m. Silica)	....	....	....	3	....	Nil	....	Nil
Odour	....	....	....	Nil	....	Nil	....	Nil
Taste	....	....	....	—	....	Normal	....	Normal
Reaction pH Value	....	....	....	6.7	....	7.5	....	8.5
Residual Chlorine	....	....	....	Nil	....	p.p.m. 0.15	....	p.p.m. 0.2
Free and Saline Ammonia as N <sub>2</sub>	....	....	....	0.04	....	0.08	....	0.10
Albuminoid Ammonia as N <sub>2</sub>	....	....	....	0.09	....	0.02	....	0.04
Nitrous Nitrogen as N <sub>2</sub>	....	....	....	Nil	....	Nil	....	Nil
Nitric Nitrogen as N <sub>2</sub>	....	....	....	0.30	....	2.0	....	0.25
Oxygen absorbed 4 hrs. @ 27°C	....	....	....	2.3	....	0.5	....	1.0
Free Acidity as CO <sub>2</sub>	....	....	....	5	....	Less than 5	....	Less than 5
Carbonate Hardness as CaCO <sub>3</sub>	....	....	....	13	....	68	....	8
Total Hardness as CaCO <sub>3</sub>	....	....	....	23	....	82	....	28
Non-carbonate Hardness as CaCO <sub>3</sub>	....	....	....	10	....	14	....	20
Excess Alkalinity as Na <sub>2</sub> CO <sub>3</sub>	....	....	....	—	....	—	....	—
Calcium as CaCO <sub>3</sub>	....	....	....	13	....	68	....	18
Magnesium as CaCO <sub>3</sub>	....	....	....	10	....	14	....	10
Total Solids dried at 180°C	....	....	....	60	....	135	....	70
Chloride as Cl	....	....	....	10	....	14	....	10
Sulphate as SO <sub>4</sub>	....	....	....	15	....	16	....	20
Lead as Pb	....	....	....	Nil	....	Nil	....	Nil
Manganese as Mn	....	....	....	Nil	....	Nil	....	Nil
Copper as Cu	....	....	....	Nil	....	Nil	....	Nil
Iron as Fe	....	....	....	0.30	....	0.02	....	0.03
Aluminium as Al <sub>2</sub> O <sub>3</sub>	....	....	....	Nil	....	0.05	....	0.15

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very low, i.e. less than 0.05 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

## **SEWERAGE OF THE BOROUGH**

The scheme for the abolition of cesspools in the Marton area continued throughout the year, but on only 2 occasions did owners of property take advantage of the Council's assisted scheme to have their drains connected to the main sewers. In cases such as these £10 is contributed towards the cost of having the private drains connected to the main sewer.

The Director of Cleansing reports that 154 pail closets and 20 cesspools were emptied regularly by his department.

The Borough Surveyor has kindly given the following details on the present and future drainage works :—

### **(a) Works of Sewerage and Sewage Disposal carried out in 1962.**

- (1) Completion of 72" dia. sewer in Warren Drive to serve future housing development in the North of the Borough.
- (2) Commencement of Central Area Drainage Scheme involving the construction of 5 miles of sewers from 30" to 108" dia. in tunnel.
- (3) Completion of new 42" dia. sewer in Kylemore Avenue to relieve flooding in that area.
- (4) Commencement of the reconstruction of Manchester Square Pumping Station.

### **(b) Works of Sewerage and Sewage Disposal proposed to be carried out in 1963.**

- (1) Completion of Central Area Drainage Scheme—(a) (2).
- (2) Continuation of reconstruction of Manchester Square Pumping Station—(a) (4).
- (3) Commencement of Marton Moss Drainage Scheme, stage 2 involving the construction of approximately  $4\frac{1}{2}$  miles of 9" to 30" dia. sewers and 3 small pumping stations.
- (4) Construction of 450 lin. yds. of 18" to 21" dia. sewer between Buttermere Avenue and Kipling Road.
- (5) Preliminary investigations in connection with a new sea outfall at Manchester Square and further main drainage schemes.
- (6) Provision of sewers for future development.

### **(c) Proposed future works of Sewerage and Sewage Disposal.**

- (1) Continuation of schemes mentioned in (b) (5) and (6).
- (2) Provision of additional plant at pumping stations.

The completion of the schemes listed above will provide reasonably adequate facilities for sewerage and sewage disposal.



## REFUSE, ETC., COLLECTION—1962

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that there was little variation in the total amount of refuse collected as compared with the previous year. The holiday season was the worst of many years so that the normal growth of the town was not reflected in the figures.

During part of the year the Refuse Disposal works was closed down for certain alterations and the construction of a Trade Waste incinerator. The alterations included the abolition of steam raising and the conversion from direct current electricity to alternating current from the North Western Electricity Board.

The amount of refuse dealt with at the Refuse Disposal Works was 19,591 tons, whilst 46,739 tons were tipped away and 1,325 tons of night soil were removed.

Approximately 50 tons of sewage were removed from sumps, etc., at the Royal Lancashire Agricultural Show.

## SANITARY INSPECTION OF THE BOROUGH

This section of the Annual Report, and the following sections dealing with Housing, Rodent Control and Disinfestation, General Food Supply and Prosecutions, give details of the variety of functions undertaken by the Chief Public Health Inspector and his staff.

## ENVIRONMENTAL HYGIENE—STATISTICS

### Complaints Received :

Verbal	...	...	...	...	...	...	...	...	2,618
Written	...	...	...	...	...	...	...	...	583

### Visits and Inspections during Year :

#### Ash Receptacles :

Satisfactory	...	...	...	...	...	...	...	11
Unsatisfactory	...	...	...	...	...	...	...	87
Re-inspections under Notice	...	...	...	...	...	...	...	164
Number of Galvanised Bins provided as a result of notice	...	...	...	...	...	...	...	92
Number of Galvanised Bins provided by department	...	...	...	...	...	...	...	596

#### Food and Drugs Act :

Butchers' Shops	...	...	...	...	...	...	...	303
Cafes and Snackbars	...	...	...	...	...	...	...	403
Dairies and Milk Shops under Milk and Dairies Regulations	...	...	...	...	...	...	...	467
Fish Frying Shops	...	...	...	...	...	...	...	222
Hotels and Licensed Premises—Boarding Houses	...	...	...	...	...	...	...	4,959
Ice Cream Premises	...	...	...	...	...	...	...	352
Food Manufacturing Premises	...	...	...	...	...	...	...	137
Food Inspections and Food Shops	...	...	...	...	...	...	...	3,294

#### Miscellaneous :

Abattoirs	...	...	...	...	...	...	...	119
Bakehouses	...	...	...	...	...	...	...	145
Basements (full inspections)	...	...	...	...	...	...	...	1
Basements (excluding full inspections)	...	...	...	...	...	...	...	—
Cinemas, Dance Halls, Theatres, etc.	...	...	...	...	...	...	...	16
Common Lodging Houses	...	...	...	...	...	...	...	33
Drainage Schemes	...	...	...	...	...	...	...	75
Dwelling Houses (Housing Act, 1957)	...	...	...	...	...	...	...	13
Dwelling Houses (Public Health Act)	...	...	...	...	...	...	...	108
Dwelling Houses (Rent Act, 1957)	...	...	...	...	...	...	...	3

Dwelling Houses re Housing Improvement Grants	...	...	92
Exhumations	...	...	8
Factories	...	...	523
Farms and Smallholdings (Agricultural Act, 1956)	...	...	—
Hairdressing Businesses	...	...	295
Houses in Multiple Occupation (Holiday)	...	...	65
Houses in Multiple Occupation (Residential)	...	...	13
Infectious Diseases (including Food Poisoning and Dysentery)	...	...	1,284
Land and Camp Sites	...	...	430
Municipal Tenancy Applicants	...	...	370
Nuisances (Noise)	...	...	313
Nuisances (first inspections)	...	...	3,656
Nuisances (re-inspections under notice)	...	...	6,536
Offensive Trades	...	...	6
Pet Animals Act	...	...	18
Piggeries	...	...	26
Public Conveniences	...	...	36
Rag Flock and Other Filling Materials Act	...	...	6
Refuse Tips	...	...	1
Roadways, Footpaths, Back Street and Passages	...	...	132
Sand and Foreshore	...	...	—
Shops (Shops Act, 1950)	...	...	1,354
Slum Clearance	...	...	270
Smoke Abatement	...	...	227
Smoke Observations	...	...	78
Stables and Manure Heaps	...	...	34
Swimming Baths	...	...	54
Temporary Structures (Full Inspections)	...	...	48
Temporary Structures (Excluding Full Inspections)	...	...	804
Town Planning and Building Bye-Laws	...	...	218
Watercourses and Ponds	...	...	180
Water Supply	...	...	98
Work in progress	...	...	544
Unclassified	...	...	403
Diseases of Animals (Waste Foods) Order, 1957	...	...	87

#### Number of Houses where Sanitary Defects were Found

Public Health Act	...	...	...	...	...	...	...	110
Housing Act	...	...	...	...	...	...	...	13

#### Number of Houses where Notices were Served for the Abatement of Nuisances :

Verbal notices	...	...	...	...	...	...	...	5
Preliminary notices	...	...	...	...	...	...	...	103
Statutory notices	...	...	...	...	...	...	...	36

#### Number of Houses where Sanitary Defects were Remedied by Notice :

Defects remedied as per preliminary notice	...	...	...	...	...	...	...	54
Defects remedied as per statutory notice	...	...	...	...	...	...	...	43

#### House Drains Tested :

##### New Houses :

Satisfactory	...	...	...	...	...	...	...	332
Unsatisfactory on first test	...	...	...	...	...	...	...	196
Rendered satisfactory after first test	...	...	...	...	...	...	...	200

Old Houses :							
First test—satisfactory	...	...	...	...	...	...	7
First test—unsatisfactory	...	...	...	...	...	...	70
Tested during relaying	...	...	...	...	...	...	24
Final Test satisfactory	...	...	...	...	...	...	42

Drains :							
Relaid, disconnected and ventilated	...	...	...	...	...	...	10
Repaired, unblocked and cleansed	...	...	...	...	...	...	1,933
New gullies fixed	...	...	...	...	...	...	5
Soil pipes repaired or fixed	...	...	...	...	...	...	2
Cesspools abolished	...	...	...	...	...	...	2

Waterclosets :							
New w.c.s fixed in lieu of privies, pail closets and defective w.c.s	...	...	...	...	...	...	9
Repaired	...	...	...	...	...	...	7
Unblocked	...	...	...	...	...	...	3
Flushing fittings repaired and water provided	...	...	...	...	...	...	8
New pails provided	...	...	...	...	...	...	—
Pail closets abolished	...	...	...	...	...	...	—

Waste Pipes :							
New slop waste pipes fixed	...	...	...	...	...	...	—
New rainwater downpipes fixed	...	...	...	...	...	...	2
Rainwater pipes and roof gutters repaired	...	...	...	...	...	...	39
Slop waste pipes repaired	...	...	...	...	...	...	11
Water service pipes repaired, etc.	...	...	...	...	...	...	3
Bath, Lavatory, Slopsink and rainwater pipes disconnected over gullies	...	...	...	...	...	...	1

Miscellaneous :							
Accumulations removed	...	...	...	...	...	...	36
Backyards cleansed	...	...	...	...	...	...	4
Backyards repaired	...	...	...	...	...	...	1
Courts or passages cleansed	...	...	...	...	...	...	3
Courts or passages reformed or repaired	...	...	...	...	...	...	3
Erections in yard reported to Borough Surveyor	...	...	...	...	...	...	1
Dampness remedied	...	...	...	...	...	...	32
Fire ranges re-set, repaired or provided	...	...	...	...	...	...	4
Food stores provided	...	...	...	...	...	...	1
Manholes, gullies, back streets, etc., reported to Borough Surveyor	...	...	...	...	...	...	24
Manholes, gullies, back streets, etc., reported to Cleansing Department	...	...	...	...	...	...	12
New floor laid or repaired	...	...	...	...	...	...	11
New slop sinks fixed	...	...	...	...	...	...	—
Premises cleansed	...	...	...	...	...	...	2
Roofs repaired	...	...	...	...	...	...	34
Various repairs	...	...	...	...	...	...	42
Watercourses cleansed	...	...	...	...	...	...	2

### COMMON LODGING HOUSES

There is only one Common Lodging House in the Borough, at 13 Eden Street, and accommodation is available for 115 males. There is no accommodation for females.

Regular inspections are carried out by the Public Health Inspectors, and a reasonable standard of cleanliness and hygiene is maintained, but because of the age of the property this is becoming increasingly difficult, and before re-registration is agreed, extensive repairs will have to be carried out to bring the premises more up to date.



Fortunately there were fewer notifications of lice infested persons than in the previous year, and in some way this can be attributed to stricter supervision by the Public Health Inspectors, the lodging house keeper and the deputies. It is however, most difficult to eradicate these infestations because of the number of itinerant vagrants, resorting to these premises.

## ATMOSPHERIC POLLUTION

The Local Authority again considered the possibility of establishing smoke control areas in the Borough but decided to defer any action at this stage but to reconsider the matter early in 1963.

Smoke and sulphur dioxide recording machines were first installed at two sites within the Borough and commenced recording on the 1st January, 1962 ; a third machine was installed and came into operation on the 1st July, 1962. These machines run continuously for 24 hours each day, including the week-ends, and details of the recordings are submitted monthly to the Department of Scientific and Industrial Research for inclusion in the National survey of atmospheric pollution conducted by that department. These machines have proved themselves to be most valuable in assessing the varying atmospheric conditions in the three parts of the Borough, and they have shown conclusively that the main source of pollution, due to smoke and sulphur dioxide, can be attributed to emissions from domestic chimneys.

No. 1 machine is fitted in the Public Health Inspectors' offices at the Municipal Health Centre, which is in a central position in the town, and the surrounding properties are mainly of a good class residential type.

No. 2 machine is fitted in a room at the Infectious Diseases Hospital at the northerly end of the town, where the surrounding property is mixed, there being quite a number of industrial and commercial buildings, together with a large railway goods yard and sidings and mixed types of dwelling houses.

No. 3 machine is fitted in the Hawes Side Lane Clinic, which is at the southerly end of the town. The surrounding properties comprise of average sized dwelling houses to the south, west and north, and to the east is a large horticultural and market garden area.

As was expected, records from No. 2 station show this area to be more heavily polluted than the other two stations, particularly in respect of sulphur dioxide, and this is obviously due to the concentration of industrial chimneys in the area.

The Specialist Smoke Inspector is regularly engaged in carrying out smoke observations throughout the town, and during the year a total of 78 smoke observations were recorded by him ; a total of 227 visits were made in respect of complaints, etc.

Nine contraventions of Section 1 of the Clean Air Act, 1956, regarding the emission of dark smoke from furnace chimneys and one of Section 5 of the Act, regarding the emission of grit, were reported to the Council, and in all cases except one warning letters were sent by the Council. Follow up observations showed that satisfactory action had been taken to overcome the nuisances.

The other case was in connection with numerous complaints received from occupiers of dwelling houses adjoining a large railway sidings, of nuisance from large quantities of smoke being emitted from locomotives which are shunted into these sidings to await the return journey. Due to the inefficient firing of these locomotives whilst standing the smoke is emitted over the surrounding dwelling houses. Although repeated requests were made to the British Railway Authorities to take remedial action the Local Authority finally had to institute legal proceedings. The defendants pleaded guilty and were fined £5.0.0 on each of two offences.

It is again pleasing to report that in this year no complaints were received regarding the emission of smoke from the locomotive type boilers used in connection with steam sterilisation of soil in greenhouses in the Marton Moss area.

During the year 19 applications were received for approval of the installation of new appliances under Section 3 of the Clean Air Act, 1956, and all were found to be satisfactory. Notifications of the installations of new appliances numbered 8.

There continues to be excellent liaison between the Borough Surveyor's department and the Public Health department regarding the erection of chimneys under Section 10 of the Clean Air Act, and all plans are passed to the Chief Public Health Inspector for his observations before approval is given.

As in previous years, the department's Specialist Officers have continued to advise industrialists regarding the condition of their boiler plants, and this has resulted in many new up-to-date plants being installed and adaptations of the existing plants being carried out.

It is now true to say that apart from accidental breakdowns, which may cause emissions of heavy smoke, there is practically no statutory nuisance from industrial smoke in the Borough, as indeed there should not be in view of the many new plants installed and the conversions carried out, and the co-operation of the management of the various industries in this respect is much appreciated.

Table of Observations from the Volumetric Atmospheric Pollution Machines  
1st January to 31st December, 1962

SMOKE AND SULPHUR DIOXIDE

AVERAGE CONCENTRATION (in ug/cm <sup>3</sup> )	No. 1 SITE MUNICIPAL HEALTH CENTRE		No. 2 SITE INF. DISEASES HOSPITAL		No. 3 SITE HAWES SIDE CLINIC		REMARKS
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	
JANUARY .....	189	112	187	159	—	—	No. 3 Site commenced 1st July, 1962
FEBRUARY .....	174	96	230	106	—	—	
MARCH .....	206	144	244	173	—	—	
APRIL .....	133	96	151	86	—	—	
MAY .....	81	68	67	79	—	—	
JUNE .....	50	59	59	83	—	—	
JULY .....	44	54	62	78	41	52	
AUGUST .....	43	47	44	57	32	37	
SEPTEMBER .....	92	84	111	113	82	77	
OCTOBER .....	196	151	255	208	181	140	
NOVEMBER .....	353	245	415	279	313	229	
DECEMBER .....	314	252	377	285	277	245	

HIGHEST DAILY CONCENTRATION

JANUARY .....	544	384	636	439	—	—	No. 3 Site commenced 1st July, 1962
FEBRUARY .....	504	239	616	277	—	—	
MARCH .....	512	323	688	381	—	—	
APRIL .....	336	179	356	155	—	—	
MAY .....	172	175	172	188	—	—	
JUNE .....	103	175	122	194	—	—	
JULY .....	104	115	137	137	101	107	
AUGUST .....	86	105	102	146	85	92	
SEPTEMBER .....	147	193	209	222	164	173	
OCTOBER .....	356	317	472	423	376	282	
NOVEMBER .....	52	506	1,156	685	788	480	
DECEMBER .....	808	770	1,012	911	812	696	

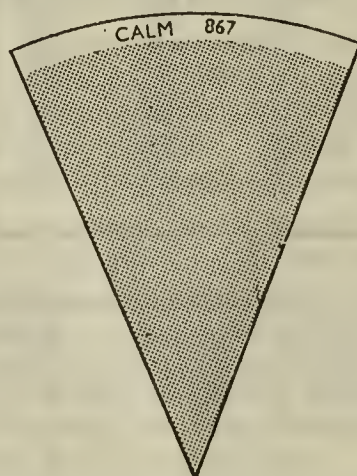
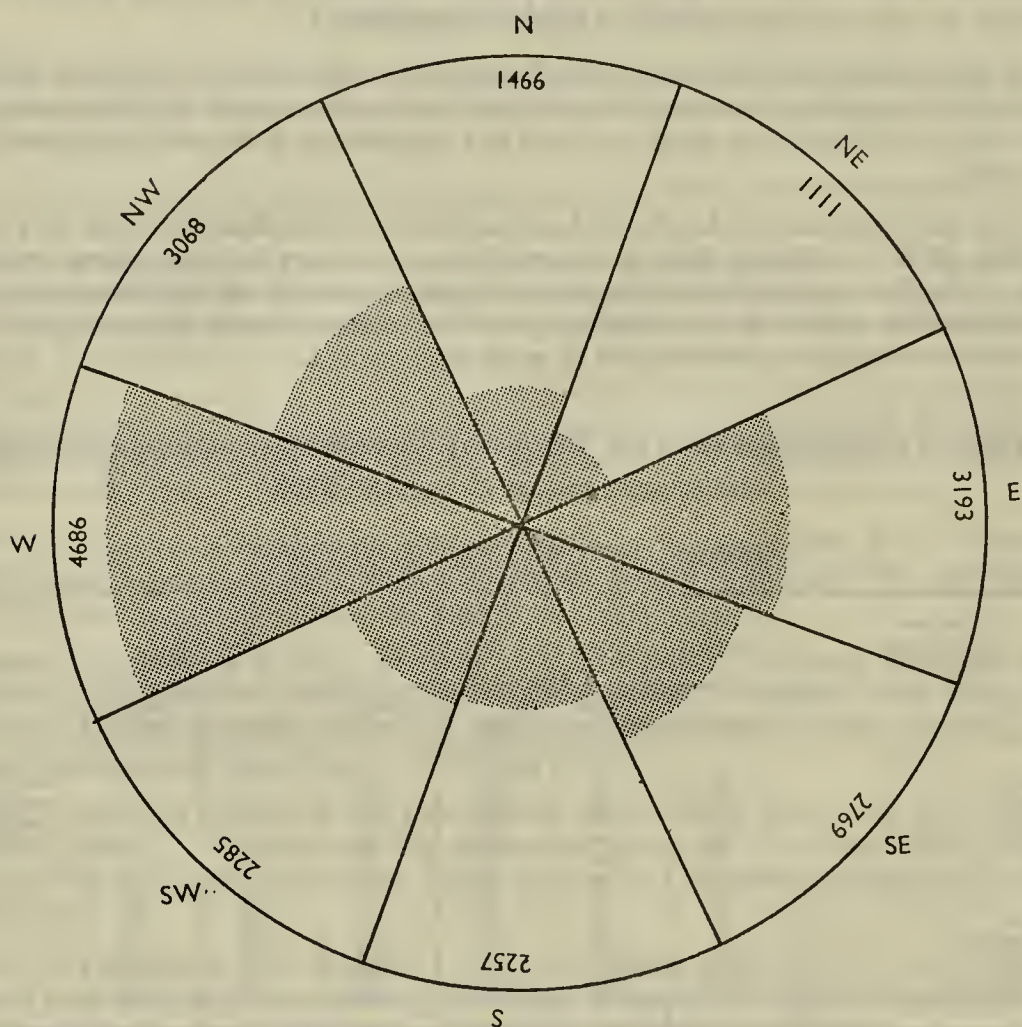
NUMBER OF DAYS ABOVE

500 ug/cm <sup>3</sup> ...	12	4	17	5	9	3	
1,000 " ..	—	—	2	—	—	—	
1,500 " ..	—	—	—	—	—	—	
2,000 " ..	—	—	—	—	—	—	
3,000 " ....	—	—	—	—	—	—	
Closely built up Residential Area		Small Indust'l Area, surrounded by closely built up Residential Area		Residential Area not so closely built up and open land to the East			



Wind directions taken over the past 11 years from the 8 cardinal points,  
Years 1952 to 1962 inclusive.

The ring chart below is based on 21,702 readings taken over the past 11 years :



The shaded portions of each cardinal point show wind direction relative to each other, but are not proportionate to the portion itself.



## AIR POLLUTION AND RESPIRATORY DISEASES

Tabulated below are cases of illness due to respiratory infection amongst members of the Police Force. This body of personnel was chosen for this survey because of the predominantly outdoor duties and constant exposure to air pollution and the elements.

As will be seen, outdoor personnel account for the majority of cases, but consideration should be given to the fact that only approximately 15 per cent of the total of personnel are "indoor" staff.

The high rate of illness in December and January coincides with a peak wave of the heavy months of atmospheric pollution, but these months are also those with the most inclement weather, and also the highest incidence of infection generally.

### ALL PERSONNEL

	1961			1962								
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.
Influenza	3	—	4	10	2	—	—	3	2	1	1	1
Bronchitis	—	1	4	3	—	1	—	—	—	—	—	1
Pharyngitis Tonsillitis Laryngitis Tracheitis	1	2	2	6	3	4	1	2	2	3	4	3
Common Cold	13	12	24	34	9	12	3	3	3	1	5	12
	17	15	34	53	14	17	4	8	7	5	10	17
PERSONNEL—MAINLY OUTDOOR												
Influenza ....	1	—	3	4	2	1	—	3	2	—	1	—
Bronchitis ....	—	1	4	2	—	1	—	—	—	—	—	1
Pharyngitis Tonsillitis Laryngitis Tracheitis	1	1	1	4	1	2	1	1	1	1	3	2
Common Cold	11	11	17	35	5	11	3	2	2	1	4	9
	13	13	25	45	8	15	4	6	5	2	8	12

### SANITARY CONDITIONS IN PLACES OF ENTERTAINMENT

During the year one Cinema and one Variety Theatre closed, and the remaining places of entertainment are classified as follows :—

Cinemas	...	...	...	...	...	...	7
Cinemas also used for Variety, etc.	...	...	...	...	...	...	3
Variety, etc.	...	...	...	...	...	...	9
Ballrooms	...	...	...	...	...	...	5
Ice Drome	...	...	...	...	...	...	1

All the premises were inspected prior to the commencement of the holiday season, particular attention being paid to the dressing room accommodation and washing facilities for both patrons and artists. Sanitary accommodation and ventilation was also checked. The inspections showed that the facilities provided were of a high standard and in no case was any action necessary by the department.

## FACTORIES

Inspections made by the Public Health Inspectors during the year totalled 523. In the course of the inspections 32 defects were found. Sixteen verbal notices were given and 5 written notices were served on the occupiers of the properties. Twenty-six of the defects were remedied in the year and it was not necessary for proceedings to be instituted in any of the cases.

So far as the department is aware, there are no Blackpool firms employing out-workers either within or without the Borough.

As a result of notifications from other Authorities, eight inspections of out-workers' premises were made and in all cases the nature of the work was the making of wearing apparel. Conditions in all cases were satisfactory.

It is again interesting to note that the majority of the contraventions were in respect of the lack of intervening ventilated spaces between w.c. compartments and the workshops, and this is, no doubt, due to the managements' varied interpretations of the Sanitary Accommodation Regulations of the Factories Act.

In instances where H.M. Inspector of Factories is not aware of the commencement or discontinuation of factories, the Department advises accordingly, and in this respect 5 new factories and bakehouses and 21 discontinued factories were notified to the Inspector in the year.

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ... ..	1	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable Temperature (S.3) ... ..	1	—	1	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary conveniences (S.7) :					
(a) Insufficient ... ..	1	—	—	—	—
(b) Unsuitable or defective ... ..	27	24	—	14	—
(c) Not separate for sexes ... ..	2	2	—	1	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ... ..	32	26	1	15	—

### Part VIII of the Act Outwork—(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel { Making, etc. ...	8	—	—	—	—	—
	Cleaning and Washing ...	—	—	—	—	—
Total ... ..	8	—	—	—	—	—

## Factories on Register (Section 8 (3) at the Year End

Trade	Mechanical Power	No Mechanical Power
Making or repair of wearing apparel ... ..	101	19
Baking ... ..	154	2
Preparation of other foods and drinks ... ..	109	2
Building Trades ... ..	86	4
Furniture making, etc. ... ..	28	5
Conveyances and engineering ... ..	182	4
Photography, printing and bookbinding ...	55	7
Other trades ... ..	131	10
Laundries ... ..	18	—
Total Number of Factories on Register ...	864	53

## OFFENSIVE TRADES

We are fortunate in this Authority that there are only three established offensive trades in the area and these are as follows :—

Tripe Boiler	...	...	...	...	1
Gut Scrapers	...	...	...	...	2

These premises are located within the confines of the Public Abattoir and are subject to close supervision and inspection by the Public Health Inspectors engaged at the Abattoirs on meat inspection.

## CARAVAN SITES

The number of caravan sites in the Borough comprising two or more caravans remains as in 1961. Site licences issued under the Caravan Sites and Control of Development Act, 1960, are in operation in respect of all the sites, and satisfactory progress is being made to comply with the licences issued. In a few cases, however, enforcement of the licence conditions has had to be left in abeyance because of appeals lodged by the owners against the planning conditions.

The Local Authority have approved a number of site licences in respect of individual caravans, and in all these cases licence conditions are similar to those laid down in the Model Standards of the Ministry of Housing and Local Government.

Most of the residential sites have far more caravans sited than the number permitted by the licence, but stringent checks are made by the Inspectors to ensure that the Local Authority's policy of natural wastage is carried out. This involves quite a lot of work for the staff, but it is found to be necessary as in some cases it has been found that there have been changes of occupiers and of vans.

The summary of the sites is as follows :—

Holiday Sites	...	...	...	...	4
Residential Sites	...	...	...	...	8



## CLEARANCE AREAS

The position at the end of 1962 was as follows :—

Area	Date of Representation	Confirmation by Ministry	No. of dwellings removed vacated or demolished	No. still Occupied	No. of Families
Abbey Road, No. 2 ...	9.2.58	30.6.59	1	1	1 (1 person)
Oddfellow Street ...	21.4.61	22.6.62	26	5	5 (22 persons)
Queenstown ... ..	10.7.61	6.9.62	32	64	64 (185 persons)
East Topping Street ...	7.2.62	Purchased by Agreement	18	—	—

## SLUM CLEARANCE

The Local Authority's second five year programme for slum clearance has been in operation for two years during which time 77 houses were closed or demolished.

During the year considerable progress was made in the re-housing of families and the demolition of houses in the Queenstown and Oddfellow Street areas. The East Topping Street area, comprising 18 properties, was commenced in 1962 and during the year the houses were vacated and demolished.

Five houses were demolished as a result of procedure under Section 17 (1) of the Housing Act, 1957, and two houses were closed, resulting in 8 families, consisting of 20 persons, being rehoused.

## HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

### A. Houses Demolished

Clearance Areas	Houses Demolished	Displaced during year	
		Persons	Families
Houses unfit for human habitation ... ..	22	259	91
<b>Not in Clearance Areas :</b>			
As a result of formal or informal action under Section 16 or 17(1) Housing Act, 1957 ... ..	5	17	7

### B. Unfit Houses Closed

	No. of Houses	Displaced during year	
		Persons	Families
Under Sections 16(4), 17(1) and 35(1) Housing Act 1957 and Section 26 Housing Act, 1961 ... ..	1	—	—
Parts of Buildings closed under Section 18, Housing Act, 1957 ... ..	1	3	1

## C. Unfit Houses made Fit and Houses in which Defects were Remedied

	By Owner	By Local Authority
After informal action by local authority ... ..	55	—
After formal notice under the Public Health Acts ... ..	42	1
After formal notice under Sections 9 and 16, Housing Act, 1957 ... ..	1	—

### HOUSES IN MULTIPLE OCCUPATION (PERMANENT)

As a result of the Housing Act, 1961, the Local Authority have taken the opportunity of revising their standards for this type of house, and more stringent requirements have been the result, particularly in respect of Natural lighting and Ventilation, Artificial Lighting, Water Supply, Personal Washing Facilities, Drainage, Sanitary Conveniences, Storage of Food, Preparation and Cooking of Food and Space Heating.

The standards causing the most concern to owners are those in respect of the provision of sanitary accommodation and baths or showers, as the Local Authority requires one w.c. to every 10 persons and one bath or shower for every 15 persons.

In providing these facilities fairly extensive structural alteration is necessary in many cases with a consequent reduction in the number of lettings.

The department, however, is trying to obtain the co-operation of the owners, and every assistance is given by the staff to advise on the best methods of overcoming their difficulties.

The enforcement of these requirements has, no doubt, improved standards of living for many unfortunate people who, because of the housing shortage, high cost of housing and other factors, have to rely upon this type of accommodation in which to live.

This aspect of the Public Health Inspectors will be intensified in an effort to improve housing conditions in the Borough.

### HOLIDAY FLATLETS

The conversion of boarding houses and other premises to holiday flatlets is still on the increase, and the securing of compliance with the Council's standards for houses in multiple occupation has entailed a considerable amount of work for the department's Inspectorial staff.

Good liaison with the Borough Surveyor's department has been maintained in the matter of town planning permission being given for conversions of this type.

Further complaints were received regarding conditions in this type of dwelling ; these were all investigated and the owners or occupiers were required to comply with the standards.

It is evident that conversions to holiday flatlets will continue to increase, and strict supervision will be necessary to ensure that a good standard of accommodation is available to visitors to the town.

### SHOPS

During the year 1,179 inspections and 175 re-inspections were made to ensure that the provisions of Section 38 of the Shops Act, 1950, are being complied with. Two statutory notices were served and 9 warning letters were sent. The following table gives details of classified defects ascertained by the Public Health Inspectors and defects remedied during the year.

CLASSIFIED DEFECTS				
	Found		Repaired or Remedied	
	Nil	Defective	Provided	Repaired
Sanitary conveniences ...	5	29	—	15
Washing facilities ...	—	—	—	—
Lighting ...	—	—	—	—
Ventilation ...	—	—	—	—
Temperature ...	2	3	2	—
Totals ...	7	32	2	15

Businesses discontinued during the year : 34

### OVERCROWDING

It is impossible to state the position in the Borough as regards overcrowding of dwellinghouses with any degree of accuracy and only a complete survey would give a true picture of the position. However, when any serious cases of overcrowding are discovered the facts are in every instance reported to the Related Health Services Committee and in all cases where there are contraventions of the Overcrowding Standard of the Housing Act, 1957 and the occupiers are eligible for a municipal tenancy, the Housing Committee always gives a most sympathetic hearing to the cases.

### ALLOCATION OF MUNICIPAL TENANCIES

There has been no change in the "Points Scheme" approved by the Town Council in 1958 for the allocation of Municipal Houses.

Applications which were referred to the department by the Borough Treasurer for the allocation of points on medical grounds totalled 148.

The various types of Municipal houses erected since the re-commencement of building after the last war were as follows :—

Permanent—1 bedroom ...	964
2 bedrooms ...	656
3 bedrooms ...	1,920
4 bedrooms ...	106
Temporary bungalows ...	343

During the year 288 families were re-housed and at the 31st December, 1962, the number of applicants on the waiting list for tenancy of municipal houses was 1,957.

### RENT ACT, 1957

The number of applications for Certificates of Disrepair under the above Act have decreased, and in 1962, the following applications were dealt with :—

No. of applications received ...	5
No. of Certificates issued ...	3
No. of undertakings received ...	2
No. of Certificates refused ...	—
No. of Certificates revoked ...	—



## NOISE NUISANCES

Due to the increased publicity given to the operation of the Noise Abatement Act, 1960, complaints of this type of nuisance continue to increase. During the year 313 inspections were made by the Department's Inspectors of alleged noise nuisances from various types of machinery at bakeries, dairies, light engineering factories, etc.

In only one case was it necessary for a statutory notice under the Noise Abatement Act, 1960, to be served and within a short time measures were taken which resulted in the abatement of the nuisance.

In all other cases no formal action has been necessary due to the co-operation of the managements of the various premises in carrying out certain work advised by the Inspectors which resulted in the reduction of the noise to levels considered to be no longer a statutory nuisance.

During the year the Department was authorised to purchase a noise level meter and this instrument has been particularly helpful to the inspectors in making a decision as to whether any particular noise is sufficient to cause a nuisance.

Local bye-laws framed to deal with nuisances from noisy animals have again proved of value and the Town Clerk has advised complainants on the action to be taken in such cases.

## RODENT AND PEST CONTROL STAFF ENGAGED ON PEST CONTROL

The staff engaged on Pest Control comprises the Pestologist and three Rodent/Insect operators. One operator is attending a two year course at the Technical College in biology at Advanced Level and will complete his studies during the year 1963.

## NORTH WESTERN REPRESENTATIVE COMMITTEE ON RODENT CONTROL

During the year there have been two meetings of the North Western Representative Committee on Rodent Control. These meetings ensure uniformity of administration and develop the spirit of co-operation between the Authorities.

## RODENT CONTROL

The continuous search of land and premises for rodent infestation during the year entailed 863 visits, summarised as follows :—

Business Premises	...	...	377
Dwelling Houses	...	...	393
Open Spaces	...	...	93

Of this number 55 premises were found to be infested. Orders to carry out the necessary disinfection were received in respect of these premises, and the work was duly carried out satisfactorily. It is pleasing to note that the cordial relationship between the department and the general public continues, and the helpful co-operation of the Lancashire Agricultural Executive Committee, the Nationalised Industries and the Officers of the Ministry of Agriculture, Fisheries and Food (Infestation) Division was much appreciated.

## SURFACE INFESTATIONS

The complaints received numbered 553. Of this number 67 premises were found upon investigation to be clear after test baiting; 486 premises comprising 193 business premises and 293 dwelling houses received disinfection treatment. Premises so treated included hospitals, clinics, hotels, theatres, cinemas, factories, warehouses and shops. In addition, the abattoir, refuse tips, refuse disposal works, land, water-courses, pumping stations and other properties vested in the Local Authority received periodic inspection and treatment where necessary. The total number of surface infestation visits made during the year was 2,354.

## RODENT CONTROL IN SEWERS

The following approved sewer treatments were carried out during the year :—

Class	No. of Manholes	Commenced	Completed	Bait Base	Poison
Maintenance ... ..	312	9. 4.62	26. 4.62	Pinhead Oatmeal	Warfarin 5
10% Test ... ..	520	1.10.62	15.10.62	Sausage Rusk	—
Maintenance ... ..	430	16.10.62	1.11.62	Pinhead Oatmeal	Warfarin 5

A Divisional Inspector of the Ministry of Agriculture, Fisheries and Food (Infestation Division) was present at each stage of the above treatments and certified that the correct procedure was adopted.

### SUMMARY OF VISITS DURING 1962

Continuous Search ... ..	863
Surface Infestations ... ..	2,354
Sewer Treatments ... ..	2,996
	<hr/>
	6,213
	<hr/>

### OTHER INFESTATIONS

During the period under review, the pest control staff carried out treatment for moles, voles and rabbits on land vested in the Local Authority. The County Borough having been declared a "Rabbit Clearance Area" in accordance with the Pests Act, 1954, it is laid down that it is the duty of every occupier of land to destroy wild rabbits living on, or resorting to, his land, and the department is enforcing the requirements of the Order.

Whilst investigating alleged rodent infestations the pest control staff captured or destroyed 3 mink and 2 hamsters. It would appear that all these animals had escaped from captivity and, therefore, considered by the department to constitute a nuisance.

### INSECT AND MITE INFESTATION

Treatment and/or advice was given as a result of the following number of complaints—1,750, classified as follows :—

	1st Visits	Re-Visits	Total
Vermin, bugs, fleas and lice ... ..	782	104	886
Cockroaches ... ..	314	192	506
Steam Flies ... ..	4	3	7
Ants ... ..	109	42	151
Moths ... ..	16	7	23
Wood Borers ... ..	131	44	175
Flies ... ..	31	21	52
Food Pests ... ..	13	4	17
Other Pests ... ..	350	39	389



During the year 33 males were disinfested for lice under Section 35 of the Public Health Act, 1936, the treatments being carried out by the pestological staff at the Local Authority's cleansing station at Devonshire Road Hospital. A further 14 males were given insecticidal dust treatments at their places of residence.

The number of insects sent to the department for identification during the year was 72, and the total number of visits made by the Pest Control section for the year ending 31st December, 1962, was 8,693.

UNUSUAL INFESTATION

During the late summer a local builder reported that "small green caterpillars were boring into the window casing of a new bungalow at Marton". Upon investigation it was found that the timber under attack was Cedar wood, other timber used in the construction appeared to have suffered no damage. Observation showed each of the insects bored a circular hole approximately 1" deep in the timber and having entered the hole each insect sealed up the entrance by spinning a web. The caterpillars were identified as the larvae of the saw fly AMETASTEGIA GLABRITA. These larvae feed on Dock and other Polygonaceae, and when fully developed they bore into soft wood solely for overwintering. They remain there for the winter as resting larvae and emerge in the spring as adult saw flies. Normally the larvae overwinter in pith, hollow stems or apples lying on the ground.

Further information suggests that there has been much trouble recently from these larvae boring into cladding on the outside of new schools. A form of treatment suggested by the department was carried out by the builder, and the property will be kept under observation during the spring to note the efficacy of the treatment.

BIRD PEST ELIMINATION

As outlined in the Pest Control report for 1961, new techniques in this field of control was introduced during the year. The success of the new methods may be gauged from the comparative figures given below :—

1961			1962		
Pigeons destroyed	...	186	Pigeons destroyed	...	1,438
Eggs destroyed	...	153	Eggs destroyed	...	133
		<hr/>			<hr/>
		339			1,571
		<hr/>			<hr/>

In addition, a number of starlings attempting to take over roosts cleared of pigeons in the town centre were also destroyed,

HAIRDRESSERS AND BARBERS

The Blackpool Corporation Act of 1958 provides that persons shall not carry on the business of a Hairdresser or Barber in the Borough, unless both persons and premises are registered by the Local Authority. It also provides that the Council make Bye-Laws for the purpose of securing (a) cleanliness of premises registered under this Section and instruments, towels, materials and equipment used in the premises and (b) the cleanliness of persons employed in the premises in regard to both themselves and their clothing.

In 1962, 258 ladies' and gentlemen's hairdressing establishments were on the Local Authority's register, and the District Public Health Inspectors regularly inspected these premises, to ensure that the Bye-laws were complied with, and it was found that in all the premises a reasonably good standard of cleanliness and hygiene was maintained.



## GENERAL FOOD SUPPLY

### Meat Inspection

The equivalent of two full-time Public Health Inspectors are engaged at the Public Abattoirs to inspect carcasses of animals slaughtered, and this arrangement ensures that a 100% meat inspection is carried out.

Retail and wholesale butchers' premises are visited regularly by the Public Health Inspectors to ensure compliance with the Food Hygiene Regulations and Meat Regulations and to inspect meat on their premises.

The annual throughput shows a decrease of 8,675 on last year, and is against the general trend of a steady increase. Reasons put forward for the decrease are a poor season, resulting from fewer visitors and the competitive prices of imported frozen meat. The value of the grant as a contribution towards the cost of meat inspection on "outside" meat for 1961-62 was £725. This again over the years has shown a tendency to increase.

### Public Abattoirs—Slaughterhouses Act, 1958.

In the 1960 report reference was made to the provision of a new slaughterhouse which was intended to replace the existing one which, adapted to comply with new regulations on hygiene and cruelty, would prove a most uneconomical proposition.

A decision was therefore reached to budget for a new Abattoir which it was assumed would be ready for use by 31st December, 1963.

As the amount of £10,000 for preliminary work was deleted by the Council from the 1962/3 estimates, it is obvious that the anticipated date of opening could no longer be complied with.

This decision was later rescinded, and it was intimated that completion of the project would be Autumn 1965.

Sketch plans were prepared in consultation with the Ministry's technical advisers.

Meetings were held with members of the local traders with a view to reaching a decision as to what system of slaughtering would be adopted, and what charges should be made.

The Council's representatives felt that the "line" system would be efficient and more economical, in fact, that the cost of individual slaughtering would be prohibitive.

However, the traders took other views and asked for time to report to their organisations.

Summing up the present position it would appear that at the end of the year little progress had been made in the right direction.

The undermentioned tables show the number of animals which have been slaughtered during the last 20 years.

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1942	2,109	2,751	3,895	181	8,081	62,171	1,144	80,332
1943	2,532	2,299	3,758	183	10,444	48,843	696	68,755
1944	2,678	2,138	2,435	170	9,544	45,627	691	63,283
1945	2,837	2,686	4,462	192	10,764	40,450	1,258	62,649
1946	4,075	2,391	4,968	154	11,671	54,015	607	77,881
1947	3,224	2,273	4,093	108	7,929	24,932	290	42,849
1948	4,075	1,938	3,397	129	7,589	36,015	550	53,693
1949	4,610	2,230	2,691	204	6,202	34,276	711	50,924
1950	5,606	4,127	3,249	303	7,257	36,593	2,032	59,167
1951	5,361	5,119	3,376	294	7,408	34,885	4,248	60,661
1952	3,749	4,546	2,889	175	7,477	38,212	7,663	64,711
1953	5,719	3,205	3,164	213	5,198	46,161	7,493	71,153
1954	3,972	4,883	3,021	118	3,019	59,369	15,750	90,132
1955	2,126	4,917	4,249	39	1,358	47,851	18,087	78,627
1956	1,946	4,416	6,810	29	1,989	59,115	17,044	91,349
1957	2,239	4,209	7,213	25	1,713	64,211	18,123	97,733
1958	3,136	3,553	6,352	25	1,034	58,144	19,746	91,990
1959	2,180	2,338	7,299	21	809	80,230	19,090	111,967
1960	2,404	1,980	9,151	18	1,212	76,825	19,623	111,213
1961	2,372	2,890	10,201	31	1,805	89,129	20,084	126,512
1962	3,218	2,905	9,477	35	1,887	81,699	18,616	117,837

## MEAT CONDEMNED

1st January, 1962 to 31st December, 1962

Abscess ... ..	18,087	<i>Brought forward</i> ... ..	116,972
Acetonaemia ... ..	450	Mastitis ... ..	10,273
Actino-mycosis ... ..	381	Melanosia ... ..	128
Actino-Bacillosis ... ..	939	Moribund ... ..	1,653
Arthritis ... ..	1,684	Necrosis ... ..	49
Bone Taint ... ..	220	Not Dehaired... ..	299
Bruised ... ..	3,240	Nephritis ... ..	2,762
Cadavers ... ..	752	Oedema ... ..	191
C. Bovis ... ..	435	Parasitic ... ..	31,173
Cirrhosis ... ..	152	Pericarditis ... ..	1,662
Calcification ... ..	18	Pleurisy ... ..	363
Congestive ... ..	7,251	Pneumonia ... ..	428
Decomposed ... ..	1,195	Peritonitis ... ..	323
Deformed ... ..	44	Pyaemia ... ..	4,152
Diamonds ... ..	16	Sarcoma ... ..	167
Dropsy ... ..	506	Septic ... ..	6,979
Emaciation ... ..	1,779	Suppurative ... ..	31
Empyaema ... ..	10	Swine Fever ... ..	200
Erysipelas ... ..	555	Telangiectasis ... ..	2,083
Fasciolasis ... ..	73,542	Tuberculosis ... ..	13,016
Fevered ... ..	3,148	Tumours ... ..	1,131
Fractured ... ..	668	Tympanites ... ..	55
Immature ... ..	175	Unsound ... ..	6,405
Jaundice ... ..	153	Urticaria ... ..	521
Jointill ... ..	1,572	Xanthosis ... ..	422
<i>Carried forward</i> ...			201,438

### Cysticercus Bovis

The department continued its special technique in the examination of carcasses for the presence of *Cysticercus Bovis*.

### Incidence of *Cysticercus Bovis* in Animals Slaughtered at Blackpool Abattoirs during 1962

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Slaughtered ...	1,374	1,150	1,212	1,108	1,145	1,277	1,434	1,556	1,464	1,422	1,323	1,170	15,635
Infested ... ..	2	—	—	—	3	4	2	1	2	1	2	—	17
Per Cent....	·15	—	—	—	·26	·31	·14	·06	·14	·07	·15	—	·11

## Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ... ..	12,417	3,218	1,887	81,699	18,615	—
Number inspected ... ..	12,417	3,218	1,887	81,699	18,615	—
All diseases except Tuberculosis and Cysticerci :						
Whole carcases condemned ... ..	6	10	62	57	118	—
Carcases of which some part or organ was condemned ... ..	7,290	2,008	12	3,535	1,303	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	59·8	62·7	3·77	4·3	7·6	—
Tuberculosis only :						
Whole carcases condemned ... ..	2	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	231	17	—	—	1,303	—
Percentage of the number inspected affected with tuberculosis ... ..	1·87	·52	—	—	·75	—
Cysticercosis :						
Carcases of which some part or organ was condemned ... ..	1	10	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	1	10	—	—	—	—
Generalised and totally condemned ...	1	—	—	—	—	—

### Sale of Horse Flesh

There are no shops in the Borough selling horse flesh for human consumption.

### Disposal of Condemned Meat and Other Food

All meat and inedible offal which is unfit for human consumption and has been condemned following inspection at the Public Abattoir is stained with a green dye before being removed from the premises and delivered to a firm at Widnes where it is converted into fertilisers, and none is sold as pet animal food. This ensures there is no leakage of condemned meat and offal through other channels whereby the public health is endangered.

Regarding other food condemned in shops or food warehouses by the public health inspectors, the Department arranges for its collection and disposal by conveying all such foods to the refuse disposal works where it is destroyed by incineration.

Complete records of all meat and other foods condemned are regularly maintained and the Department is satisfied that the above arrangements provide adequate protection for the general public.

### Diseases of Animals Act (Waste Foods) Order, 1957

The work of inspecting these premises to ensure that the requirements of the Order are complied with is carried out by the District Public Health Inspectors and all the premises are visited regularly.



## LIST OF FOODSTUFFS CONDEMNED DURING 1962

During the past twelve months, the undermentioned foodstuffs were condemned as unfit for human consumption. This is in addition to the meat condemned at the Public Slaughterhouse :—

Articles	Units	Pounds	Bags/Boxes	Tins/Jars
Biscuits ... ..	—	—	—	—
Meat (tinned)... ..	47	8,214	—	1,621
Bacon and Ham ... ..	—	145	—	11
Fish (fresh) ... ..	1,280	827	—	15
Shellfish ... ..	59	430	3	5
Fruit (fresh) ... ..	160	50	—	—
Vegetables (fresh) ... ..	1,292	3	13	—
Meat (fresh) ... ..	644	30	—	—
Fish (tinned) ... ..	11	140	—	221
Fruit (tinned)... ..	96	6,193	33	2,724
Vegetables (tinned) ... ..	299	6,901	—	3,125
Milk (tinned)... ..	24	105	—	182
Animal Foods ... ..	132	52	—	197
Butter and Fats ... ..	8	11	2	—
Jams and Marmalades ... ..	18	92	—	91
Bread ... ..	—	—	—	—
Tea and Coffee ... ..	2	8	—	36
Rabbits ... ..	—	—	—	—
Poultry ... ..	29	290	—	—
Cheese... ..	—	—	—	—
Eggs ... ..	—	—	—	—
Cereals ... ..	—	—	—	—
Sweets ... ..	—	8	—	1
Soup ... ..	10	293	—	347
Miscellaneous ... ..	943	199	195	421
Puddings ... ..	13	397	9	315
Totals ... ..	5,067	24,388	255	9,312

## FOREIGN MATTER IN FOOD, 1962

During the year the department received 26 complaints in respect of foreign matter in food, which was 6 fewer than in the previous year.

This number of complaints may give the impression that there is a lowering in the standard of hygiene with regard to the manufacture and packaging of food but, in fact, standards are higher than ever and the majority of complaints received were due to the human element.

The general public is becoming increasingly aware of the necessity for good food hygiene and this has led to more articles of food being brought to the department for an opinion as to their suitability for human consumption.

The department appreciates these matters being brought to their notice, as any departure from the high standard now expected can be investigated and remedied.

Of the above complaints it was found necessary in only 5 cases to take official action by reporting the matter to the Related Health Services Committee, which resulted in warning letters being sent, and the majority of the complaints were dealt with informally. The five complaints were in respect of :

- Beef Dripping—Suspected mouse excrement.
- Two meat pies—Mouldy condition.
- Potato Crisps—Fly in packet.
- Frozen Spinach—Slug in packet.
- Cream cake—Fly.

## STALLS ON THE SANDS

Regular inspections were made during the year of all food stalls on the sands to ensure that there was compliance with the Food Hygiene (General) Regulations, 1960, and also the licensing conditions imposed on the occupiers of the stalls.

In all cases it was found that the stall holders maintained a reasonably good standard of hygiene.

## FOOD HYGIENE (GENERAL) REGULATIONS, 1960

In a holiday resort of the size and status of Blackpool, one of the Departments most important activities is the continuous inspection of all premises where food is prepared, sold or stored. Since the advent of the Food Hygiene Regulations 1955 nearly 7,000 food premises comprising large and small hotels, boardinghouses, licensed premises, restaurants, cafes, snack bars, clubs, food factories, wholesale and retail shops of all kinds have been inspected and the proprietors informed as to the work necessary to comply with the Regulations. Following on this work approximately 28,000 re-inspections have also been made to supervise works being carried out and ensure that premises comply with the regulations. The number of food premises now known to comply fully with the regulations is nearly 6,000 and in the majority of the remaining cases only minor items are still outstanding. Further re-inspections will continue to be made until all food premises are known to fully comply with the regulations. Tribute must be paid to the excellent co-operation which the Department has received from occupiers of food premises, trade organisations and all others engaged in this important work which has involved the expenditure of many thousands of pounds on new installations and adaptations.

## MERCHANDISE MARKS ACT, 1926

Only minor contraventions were discovered during the year by the Department's Inspectors and these were mainly concerned with meat and tomato labelling and these were immediately rectified on representation by the Inspectors.

## RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Fourteen premises are registered under Section 2 of the Act, i.e. premises where filling materials are used. No premises are registered under either Section 6 or 7, i.e. premises where rag flock is manufactured or stored. Twelve samples were taken during the year, all of which have been satisfactory.

## FOOD PREMISES

The following is a list of premises in the Borough where food businesses are carried on :—

A. Bakehouses	...	...	...	...	...	104
B. Butchers' Shops	...	...	...	...	...	132
C. Fish and Chip Shops	...	...	...	...	...	121
D. Restaurants, Cafes, Snack Bars, etc.	...	...	...	...	...	299
E. Residential Catering (Hotels, Boarding Houses, etc.)	...	...	...	...	...	4,010
F. Ice Cream Premises	...	...	...	...	...	46
G. Licensed Premises, Clubs, etc.	...	...	...	...	...	192
H. Retail Food Shops	...	...	...	...	...	1,076
I. Food Factories, etc	...	...	...	...	...	48
J. Factory and Works Canteens	...	...	...	...	...	49
K. Dairies	...	...	...	...	...	7
L. Stalls	...	...	...	...	...	82
M. Miscellaneous	...	...	...	...	...	17

## Milk Supply

The following is a list of milk purveyors in the Borough :—

Milk Stores (large depots)	...	...	...	...	...	8
Milk Shops selling by retail (loose milk)	...	...	...	...	...	—
Dairymen's premises (not including farmers)	...	...	...	...	...	18
Distributors of bottled milk from retail shops	...	...	...	...	...	359
Dairymen using registered dairies other than own premises	...	...	...	...	...	32

**Milk (Special Designation) Regulations, 1960**

**Licensed Bottling Establishments :**

Pasteurised	...	...	...	...	...	1
Tuberculin Tested (licence issued by Ministry)	...	...	...	...	...	1

**Dealers' Licences (Prepacked milk) :**

Tuberculin Tested	...	...	...	...	...	121
Pasteurised	...	...	...	...	...	307
Sterilised	...	...	...	...	...	268

**Chemical Analysis of Milk**

The number of milk samples taken during the year was 118, and of these 109 proved satisfactory.

**BACTERIOLOGICAL SAMPLING RESULTS**

**Methylene Blue Test**

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. ... ..	64	22 and 2 void	10	3 and 1 void
T.T. (Pasteurised) ... ..	54	1	—	—
Pasteurised ... ..	58	2	27	—

**Phosphatase Test**

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (Pasteurised) ... ..	55	—	—	—
Pasteurised ... ..	60	—	27	—

**Animal Inoculation Test**

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
T.T. (for Tuberculosis) ... ..	17	—	2	—
(for B. abortus)... ..	26	3	2	—

**Turbidity Test**

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Sterilised ... ..	75	—	—	—



## MANUFACTURE AND SALE OF ICE CREAM

The lot of our manufacturers during 1962 was hard. Summer, sunshine wise, was conspicuous by its absence, and in an industry where fortunes are so closely geared to the sun, the inclemencies of the weather ensured that the sales curve graph for ice cream remained an almost constant "trough of depression".

The weather, together with the vicissitudes of a keenly competitive industry must needs be accepted, but what was, perhaps the unkindest "cut" of all was the imposition by the then Chancellor of the Exchequer of a 15% tax on, amongst other things ice cream in his "lollypop budget". This not only produced an immediate loss of custom but coupled with other factors already mentioned made 1962 a year the trade will only be too happy to forget.

### Registration of Manufacturers and Purveyors

The total number of manufacturers is now 32, the increase from last year's figure being accounted for by the installation in premises of soft ice cream machines. During the year, one of the oldest manufacturers ceased production. Retail selling points continue to increase and these now approach the 600 mark.

### Premises

The structural condition of the premises used in the manufacture of ice cream was satisfactory, and accommodation in all cases was adequate. Retail selling points operated satisfactorily during the year.

### Equipment

The trend, to which attention was drawn in last year's report continued during 1962 i.e. the provision of soft ice cream machines in the larger milk bars and ice cream parlours. In addition, two of the manufacturers spent several thousand pounds in the provision of purpose made vehicles from which this soft ice cream could be sold.

It has been mentioned on more than one occasion how progressive is the trade as a whole and since the ice cream business is a highly competitive one, particularly in this premier resort, new and better equipment whether British or Foreign manufactured, is installed as and when it becomes available on the market.

## SAMPLING

For the purpose of analysis 26 samples were taken for chemical and 66 for bacteriological examination.

### Chemical

The operative regulations remain the Food Standards (Ice Cream) Regulations, 1959.

(a) The standards lay down a minimum of 5% fat and solids other than fat  $7\frac{1}{2}\%$  for ordinary ice cream, whilst dairy cream must contain not less than 5% milk fat and  $7\frac{1}{2}\%$  solids other than fat. Parev (Kosher) ice cream must contain not less than 10% fat and no milk fat or any other derivatives of milk.

(b) No ice cream of any description must contain any artificial sweetener.

All the samples taken in the Borough during 1962 satisfied the requirements of these Regulations.

A comparative classification of the fat content in the samples for the years 1960, 1961 and 1962, is shown in the following tables.

Classification Fat Content %		1960	1961	1962
Over 5	Below 6	1	1	4
Over 6	Below 7	4	1	2
Over 7	Below 8	2	3	3
Over 8	Below 9	2	4	3
Over 9	Below 10	8	5	4
Over 10		10	12	10
		27	26	26

Samples taken on the sands gave the following fat percentages in relation to the respective manufacturers Coded A to F.

Manufacturer	A	B	C	D	E	F
Per Cent. Fat... ..	10.8	10.1	10.8	9.0	10.4	9.1

Under paragraph 6 (a) it will be noted that in relation to the fat content, the legally prescribed minimum is 5%. By special condition inserted in the licences to trade on the sands, however it is required that ice cream sold from stalls on the sands must contain not less than 8% of fat.

## BACTERIOLOGICAL

The following table shows the grading of the 66 samples submitted for examination by the methylene blue test.

Class of Mix.	Provisional Grade				Totals
	1	2	3	4	
Heat Treated ... ..	42	1	3	5	51
Cold ... ..	6	2	6	1	15
Total ... ..	48	3	9	6	66

Grades 1 and 2  
1959 86.54  
1960 76.9  
1961 91.1  
1962 77.3

Grades 3 and 4  
1959 13.46  
1960 23.1  
1961 8.8  
1962 22.7

## Summary

The bacteriological results were less favourable than in 1961. The higher incidence of samples falling within grades 3 and 4 was, in some measure to be attributed to the increase in the use of Soft Ice Cream machines.

It will be appreciated that unless the operator is most careful in his sterilization technique with these machines, Grade 3 or 4 samples will inevitably follow. So concerned has been one of the national manufacturers at this likelihood that a booklet has been produced "Soft Ice Cream Manual and Code of Practice" to assist those of its users in routine cleansing and sterilization procedure, to obviate any such samples being obtained. Particular attention was given, and will continue to be given to this facet of ice cream manufacture by the department's officers.

The sales of soft ice cream still appear to be on the increase, but it will come as no surprise to discover that much of this increase has fallen to the itinerant vendor. With his musical chimes and his well topped cornet, often with a twist and twirl in it, he offers aural and visual appeal to the children. From our own experience it may be some consolation to the traditional manufacturer to learn that their parents still prefer "a drop of the hard stuff".

In nearly every report their are congratulations to the same manufacturer on his success in national competition. This year was no exception, the "Velvet Kind" being awarded the Bronze Medal in the Horizontal Mixer Class at the Royal Dairy Show.

To conclude, for the sixth successive year it is pleasing to report that every sample of ice cream satisfied the legal standards of quality.

# FOOD AND DRUGS ACT, 1955

Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Almonds (Flaked) .....	1	—	1	—	—	—
Almonds (Ground) .....	6	—	6	—	—	—
Apples .....	—	1	1	—	—	—
Baking Powder .....	1	—	1	—	—	—
Batter Mix .....	1	—	1	—	—	—
Beans (Baked) with Baconburgers .....	—	1	1	—	—	—
Beef Loaf (Minced) .....	—	1	1	—	—	—
Beef (Minced) with Onion and Gravy .....	—	2	2	—	—	—
Beef (Potted) with Butter .....	1	—	1	—	—	—
Beef (Sliced, Roast) with Beans .....	1	—	1	1	—	1
Bicarbonate of Soda .....	2	—	2	—	—	—
Blackcurrant Drink .....	—	1	1	—	—	—
Blackcurrant Juice Syrup .....	—	1	1	—	—	—
Blancmange .....	2	—	2	—	—	—
Blancmange Powder .....	—	2	2	—	—	—
Brandy Butter .....	—	1	1	—	—	—
Brawn .....	2	—	2	—	—	—
Butter .....	12	1	13	—	—	—
Cake Covering (Chocolate) .....	1	—	1	—	—	—
Cake Mixture .....	1	—	1	—	—	—
Cake Mixture (Gingerbread) .....	1	—	1	—	—	—
Champignons, sliced, in Butter .....	—	1	1	—	—	—
Cheese (Cheshire) Processed .....	1	—	1	—	—	—
Cheese (Lancashire) .....	2	—	2	—	—	—
Cheese Slices, Cheddar....	1	—	1	—	—	—
Cheese Spread .....	1	—	1	—	—	—
Chicken (Boned) in Jelly .....	—	1	1	—	—	—
Chicken Fritters....	1	—	1	—	—	—
Chicken in Jelly .....	—	2	2	—	—	—
Chicken (Minced) in Jelly .....	1	—	1	—	—	—
Chow Mein with Crispy Noodles .....	—	1	1	—	—	—
Chutney (Fruit)....	—	1	1	—	—	—
Cinnamon .....	1	1	2	—	—	—
Cockles .....	—	1	1	—	—	—
Coconut (Dessicated) .....	1	—	1	—	—	—
Coffee .....	1	—	1	—	—	—
Coffee (Ground) .....	—	1	1	—	—	—
Coffee (Instant) .....	1	2	3	—	—	—
Coffee (Pure) .....	2	—	2	—	—	—
Confectionery (Cakes and Biscuits) .....	1	5	6	—	—	—
Confectionery (Sweets)....	7	8	15	2	1	3
Cooking Fat (Cookeen) .....	—	1	1	—	—	—
Corn Oil....	1	—	1	—	—	—
Crab (Dressed) .....	—	1	1	—	—	—
Cream .....	—	6	6	—	—	—
Cream (Double) .....	—	1	1	—	—	—
Currants .....	2	—	2	—	—	—
Curry (Beef) .....	—	1	1	—	—	—
Curry (Beef and Vegetable) .....	—	1	1	—	—	—
Curry Powder (Madras) .....	1	—	1	—	—	—
Custard Powder .....	1	—	1	—	—	—
Dessert .....	1	—	1	—	—	—
Farola .....	1	—	1	—	—	—
Fat (Cooking) .....	1	—	1	—	—	—
Fish Paste .....	2	—	2	—	—	—
Fish Paste (Lobster) .....	—	1	1	—	—	—
Flakes (Wholewheat) .....	—	1	1	—	—	—
Flavouring (Almond) .....	—	1	1	—	—	—
Flour (Plain) .....	2	1	3	—	—	—
Flour (Self-Raising) .....	3	—	3	—	—	—
Gin .....	1	—	1	—	—	—
Ginger .....	1	—	1	—	—	—
Gravy Salt .....	1	—	1	—	—	—
Gravy (Thick) .....	1	—	1	—	—	—
Ham and Beef Roll .....	—	1	1	—	—	—
Honey .....	1	—	1	—	—	—
Hot Pot (Lancashire) .....	—	1	1	—	—	—
Ice Cream .....	6	16	22	—	—	—
Ice Cream (Dairy) .....	—	7	7	—	—	—
Jam .....	—	4	4	—	—	—
Jelly (Table) .....	1	9	10	—	—	—
Kidneys (Braised) in Sauce .....	—	1	1	—	—	—
Lard .....	8	—	8	—	—	—
Lentils .....	1	—	1	—	—	—
Margarine .....	10	6	16	—	—	—
Marzipan (Almond) .....	—	1	1	—	—	—
Carried forward .....	99	96	195	3	1	4



Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward ....	99	96	195	3	1	4
Meat (Casserole of) ....	—	1	1	—	—	—
Meat Loaf (Luncheon)....	—	1	1	—	1	1
Meat (Luncheon) ....	1	3	4	—	1	1
Meat (Paste) ....	3	—	3	—	—	—
Meat (Pork Luncheon)....	—	2	2	—	—	—
Meat (Potted) ....	1	—	1	1	—	1
Milk ....	—	118	118	—	9	9
Milk (Condensed F.C.)....	—	1	1	—	—	—
Milk Pudding ....	—	4	4	—	—	—
Mixed Grill in Gravy ....	—	1	1	—	—	—
Monosodium Glutamate Crystals	—	1	1	—	—	—
Mushrooms in Brine ....	—	1	1	—	—	—
Oatmeal ....	2	—	2	—	—	—
Oil (Cooking) ....	—	1	1	—	—	—
Pancake Mixture ....	—	2	2	—	—	—
Parkin ....	1	—	1	—	—	—
Pate de Foie ....	—	1	1	—	—	—
Patum Peperium ....	—	1	1	—	—	—
Peas (Dried) ....	1	1	2	—	1	1
Pepper (Ground, White) ....	1	—	1	—	—	—
Pies (Pork) ....	1	—	1	—	—	—
Pork (Tinned) ....	—	1	1	—	—	—
Potato Puffs ....	—	1	1	—	—	—
Potato (Instant Mashed) ....	1	—	1	—	—	—
Pudding (Bacon) ....	—	1	1	—	—	—
Pudding (Butter Sponge Jam) ....	—	1	1	—	—	—
Pudding (Instant) ....	—	4	4	—	3	3
Pudding (Mixed Fruit)....	—	1	1	—	—	—
Pudding Mixture (Suet) ....	1	—	1	—	—	—
Pudding (Steak and Kidney) ....	—	2	2	—	—	—
Quick Flan ....	—	1	1	—	—	—
Raising Powder (Golden) ....	1	—	1	—	—	—
Raisins ....	1	—	1	—	—	—
Rennet (Essence of) ....	—	1	1	—	—	—
Rice ....	1	—	1	—	—	—
Rice (Ground) ....	1	—	1	—	—	—
Rum ....	1	—	1	—	—	—
Rum Butter ....	—	1	1	—	—	—
Sage (Dried) ....	1	—	1	—	—	—
Salmon Paste ....	1	1	2	1	—	1
Salmon Savoury ....	—	1	1	—	—	—
Salt (Savor) ....	1	—	1	—	—	—
Sardines ....	1	—	1	—	—	—
Sardines in Tomato ....	—	1	1	—	—	—
Sausages in Brine ....	—	1	1	—	—	—
Sausages (Vienna) ....	—	1	1	—	—	—
Sausages (Beef) ....	—	2	2	—	2	2
Scone Mixture ....	1	—	1	—	—	—
Semolina....	2	—	2	—	—	—
Shrimp Slices ....	1	1	2	1	1	2
Shrimps (Peeled) ....	—	1	1	—	1	1
Soft Drinks ....	—	13	13	—	—	—
Soup ....	2	2	4	—	—	—
Soup Mixture ....	1	—	1	—	—	—
Spaghetti and Meat Croquettes	—	1	1	—	—	—
Spice (Whole Pickling)....	—	1	1	—	—	—
Steaks (Braised in Rich Gravy)	—	1	1	—	—	—
Steak and Dumplings (with Gravy)	—	1	1	—	—	—
Steak (Minced) ....	—	1	1	—	—	—
Steak (Savoury, Minced) ....	—	1	1	—	—	—
Steak (Stewed) ....	—	2	2	—	—	—
Stew (Beef) ....	1	—	1	—	—	—
Sultanas ....	3	1	4	—	—	—
Tongues (Lamb) ....	—	1	1	—	—	—
Tuna ....	—	1	1	—	—	—
Vegetables (Mixed) ....	—	1	1	—	—	—
Vinegar (Cider) ....	1	—	1	—	—	—
Vinegar (Malt) ....	10	—	10	—	—	—
Vollkorn Brot ....	—	1	1	—	—	—
Whisky ....	2	—	2	—	—	—
Yoghourt ....	—	2	2	—	—	—
TOTAL ....	145	283	433	6	20	26

**DETAILS OF ACTION TAKEN AND RESULTS OF ANALYSIS IN RESPECT  
OF SAMPLES REPORTED BY THE PUBLIC ANALYST AS BEING  
UNSATISFACTORY**

*Sample No.*

**8 Potted Meat (Formal)**

The sample contained 15.8% of extraneous water. Reported to the Related Health Services Committee, and the Town Clerk was requested to send a warning letter to the vendor.

**9 Salmon Paste (Formal)**

The sample was deficient in fish to the extent of 17%. Reported to the Related Health Services Committee, and the Town Clerk was requested to send a warning letter to the vendor.

**13 Instant Pudding (Formal)**

The sample contained a non-permitted dye, viz., Rhodamine B. See samples Nos. 73 and 75 below.

**30 Milk (Informal)**

The sample contained 2.3% of extraneous water. Reported to the Related Health Services Committee, and the Town Clerk was requested to send a warning letter to the vendor.

**55 Dried Peas (Informal)**

The sample contained 3.5% of discoloured or defective peas. Reported to the Related Health Services Committee. The vendor was informed and gave instructions for the remaining stock to be withdrawn from sale.

**73 Instant Pudding (Raspberry) (Informal)**

The sample contained an unpermitted dyestuff having the characteristics of Rhodamine B. Reported to the Related Health Services Committee. Correspondence with the manufacturers (who have expressed regret in this matter) has revealed that the commodity was very old stock manufactured prior to the coming into being of the Colouring Matter in Food Regulations, 1957. The Town Clerk was requested to send a warning letter to the Manufacturers.

**75 Instant Pudding (Strawberry) (Informal)**

As sample No. 73 above.

**94 Shrimp Slices (Informal)**

The sample consisted of starchy food containing not more than the equivalent of 10% of edible shrimp. Reported to the Related Health Services Committee and referred to the Ministry of Agriculture, Fisheries and Food as the article is imported produce. Formal sample taken. See Sample No. 122.

*Sample No.*

**102 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 1.1% (**not** caused by the presence of extraneous water). Reported to the Related Health Services Committee. The vendor has been informed of the report.

**122 Shrimp Slices (Formal)**

The sample consisted of dried starch containing not more than 1% of dried shrimp flesh. Reported to the Related Health Services Committee. The matter was referred to the Ministry of Agriculture, Fisheries and Food and to the Importers as this was foreign produce.

**123 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 10.6%. Reported to the Related Health Services Committee. The suppliers were informed but no other action taken as the Public Analyst was of the opinion that the deficiency was not caused by the presence of extraneous water.

**124 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 9.4%. Action as for sample No. 123 above.

**125 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 7.0%. Action as for sample No. 123 above.

**130 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 2.3%. Action as for Sample No. 123 above.

**144 Sliced Roast Beef with Beans (Formal)**

The sample did not conform to Article 4 (3) (b) of the Labelling of Food Order. Reported to the Related Health Services Committee and the Town Clerk was requested to send a warning letter to the manufacturers.

**155 Beef Sausage (Informal)**

The sample was deficient in meat to the extent of 13.8%. Reported to the June meeting of the Related Health Services Committee, and action was deferred until a further meeting, after a further sample had been taken.

**204 Beef Sausage (Informal)**

This sample was taken subsequent to Sample No. 155, and contained sulphur dioxide preservative, the presence of which was not declared. The meat content was then satisfactory. Reported to the Related Health Services Committee. No further action.



**264 Luncheon Meat (Informal)**

The canned meat was stained on the inside of the seam with metal. The condition of the meat was not satisfactory. Reported to the Related Health Services Committee. No further action, as the remainder of the stock (this being old stock) has been withdrawn from sale upon receipt of the Analyst's report.

**320 Milk (Sterilised) (Informal)**

The milk was contaminated with 11.2% of salt (sodium chloride). Reported to the Related Health Services Committee. No further actions as the Committee considered it possible that the salt might have been introduced into the milk after it had been opened.

**348 Milk (Informal)**

The sample was sub-standard but genuine milk, deficient in solids-not-fat to the extent of 1.1%. Reported to the Related Health Services Committee. No statutory action as the deficiency was not caused by the presence of extraneous water.

**368 Peeled Shrimps (Informal)**

The sample contained a prohibited preservative i.e. Formaldehyde. Reported to the Related Health Services Committee. The importers were informed and also the Ministry of Agriculture, Fisheries and Food with the view to action being taken nationally. Meanwhile, the remaining stock of the commodity has been withdrawn from sale.

**372 Luncheon Meat (Informal)**

The sample was deficient in meat to the extent of 36%. Reported to the Related Health Services Committee. No statutory action, as although Public Analysts in this country have an agreed standard of 80% of meat for this foodstuff, there is no actual legal standard, and this particular article was imported from Australia, whose Analysts have no such agreement.

**418 Milk (Informal)**

The sample was deficient in fat to the extent of 3.3%. Reported to the Related Health Services Committee. No statutory action. Producer advised.

**439 Small Pear Drops (Formal)**

The sample contained a non-permitted dye, i.e. Rhodamine B.

**440 Large Pear Drops (Formal)**

The sample contained a non-permitted dye, i.e. Rhodamine B.

**441 Tom Thumb Drops (Informal)**

The sample contained two non-permitted dyes, i.e. Rhodamine B. and Methyl Violet. These samples Nos. 439, 440 and 441 were all reported to the Related Health Services Committee and referred to the Chief Public Health Inspectors of the towns in which they were manufactured, for any necessary action.

Total Number of Samples taken :—

(a)	Under the Food and Drugs Act, 1955	...	...	...	...	433
	Genuine	...	...	...	...	407
	Not Genuine	...	...	...	...	26
(b)	Under the Pharmacy and Medicine Act, 1941					12
	Genuine	...	...	...	...	12
	Not Genuine	...	...	...	...	NIL

Analyst's remuneration :—Fees in accordance with the Joint Negotiating Committee's Scale for Public Analysts.

### FERTILISER AND FEEDING STUFFS ACT, 1926

During the year 16 samples were taken and the results received from the Public Analyst are set out below :—

Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Battery Mash	—	1	1	—	—	—
Battery Pellets	—	1	1	—	—	—
Bone Meal	—	1	1	—	1	1
Bran	—	1	1	—	—	—
Chicken Crumbs	—	1	1	—	—	—
Dairy Ration	—	1	1	—	—	—
Dried Blood	1	1	2	1	1	2
Fertiliser Liquid	—	1	1	—	—	—
Intensive Laying Mash	—	1	1	—	—	—
Milk Nuts (Feeding Stuff)	—	1	1	—	—	—
Phostrogen Fertiliser	—	1	1	—	—	—
Pig Finisher Meal	—	1	1	—	—	—
Sulphate of Ammonia	—	1	1	—	—	—
Sulphate of Potash	—	1	1	—	—	—
Superphosphate	—	1	1	—	—	—
Ten-Day Fertiliser	—	1	1	—	1	1
<b>TOTAL</b>	<b>1</b>	<b>16</b>	<b>17</b>	<b>1</b>	<b>3</b>	<b>4</b>

Action taken in respect of the samples which did not comply with the requirements of the Act is detailed below :—

Sample No.

#### 2 Dried Blood (Informal)

The sample contained 1.0% less nitrogen than the amount declared. The deficiency in nitrogen is 0.5% outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1960. Reported to the Related Health Services Committee. Formal sample to be taken. See sample No. 5.

#### 4 Ten-Day Fertiliser (Informal)

The sample contained 4.3% more soluble phosphoric acid and 2.7% more potash than the amounts declared. The excesses of soluble phosphoric acid and potash, which are not to the prejudice of the purchaser, are respectively 3.55 and 1.95% outside the limits of

variation permitted by the Fertilizers and Feeding Stuffs Regulations, 1960. Reported to the Related Health Services Committee. The Manufacturers were notified and they replied intimating that all steps will be taken to ensure compliance with the Regulations in future.

## 5 Dried Blood (Formal)

The sample contained 1.3% less nitrogen than the amount declared. The deficiency in nitrogen is 0.8% outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1960. Reported to the Related Health Services Committee. Vendor to return stock to manufacturer. Town Clerk requested to send a warning letter to the manufacturer.

## 7 Bone Meal (Informal)

The sample contained 1.0% more nitrogen than the amount declared. The excess of nitrogen is 0.5% outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1960. Also, bone meal declared as containing 19.6% of phosphoric acid should have been described as "Bone Meal Grade 2". Reported to the Related Health Services Committee. The Town Clerk was requested to send a warning letter to the vendors asking them to ensure compliance with the Regulations in future.

## PHARMACY AND MEDICINES ACT, 1941

Article	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Dramal ....	—	1	1	—	—	—
Famal Syrup ....	—	1	1	—	—	—
Fennings Fever Mixture ....	—	1	1	—	—	—
Glycerine, Lemon and Honey ....	—	1	1	—	—	—
Indian Brandee ....	—	1	1	—	—	—
Parrish's Food B.P.C. ....	—	1	1	—	—	—
Phospherine Liquid ....	—	1	1	—	—	—
Piperazine Citrate Elixir ....	—	1	1	—	—	—
Pulmo Bailley (Concentrated) ....	—	1	1	—	—	—
Raspberry Vinegar ....	—	1	1	—	—	—
Rose Hip Syrup ....	—	1	1	—	—	—
Yeast Vite Tablets ....	—	1	1	—	—	—
<b>TOTAL</b> ....	—	12	12	—	—	—

## PROSECUTIONS 1962

Month	Section	Contravention
June	Public Health Act, 1936 Section 93 (259).	Foul condition of the watercourse. <b>Fined £5.</b>
September	Clean Air Act, 1956 Section 1.	Emission of dark smoke. <b>Fined £5 on each of two offences.</b>



COUNTY BOROUGH OF BLACKPOOL



**The Health of the School Child**

# **R E P O R T**

OF THE

**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

FOR THE YEAR 1962



## To the Chairman and Members of the Education Committee of the Corporation of Blackpool

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Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the School Health Service during the year 1962.

This year has become a springboard, during which many of the projects which have been discussed for some time are now beginning to appear. Building of the new Central School Clinic was begun and it is hoped this will be followed shortly by the provision of a school for physically handicapped children. The improved additional services which will be carried out in these buildings emphasise the high priority health services for children of school age have in the community health service. The child already spends a large part of its life at school, exposed to a wide variety of environmental influences, physical, emotional and social. The anticipated extension of the school leaving age will tend to focus more attention on health problems among adolescents in the secondary modern and grammar schools. It is important that there should be adequate health supervision of school children so that early signs of ill-health can be detected and rectified. In addition an opportunity can be taken of educating boys and girls in correct health attitudes and habits which largely become established during adolescence. It must be recognised that it is not possible to segment the child into the categories of infant, pre-school and school age children for which a separate division of services can be designed, suitable for each period of life. It is well known that the experiences during the formative years as an infant and pre-school child may prove to be an asset or a liability to future educational progress. The School Health Services must, therefore, be regarded as one facet of a community Health Service in which every individual is treated as a whole person, influenced by the environment and the habits with which he is in daily contact. So while the School Health Services must concentrate on specialised services towards the child, these must be correlated with the other health programmes of the community generally.

The health visitor is not only the major link between the home and the family physician, but also the school and the school physician. The shortage of health visitors at present limits their attachment to general practitioners but it is hoped that the increasing training and recruitment will shortly make it possible for this link to be considerably strengthened.

The list of people who at various times have a share in helping the child at school is a long one. It includes consultant physicians and surgeons, general practitioners, doctors working in child welfare and school health services, health visitors and school nurses, hospital almoners, medical auxiliaries, teachers, youth employment officers, industrial welfare officers and social workers. These and others are involved by virtue of their work in the various professions. However, the child's parents have a decisive influence for good or ill, and whether that influence is used well or badly depends frequently on whether they have been given a clear explanation of their role, particularly in the case of handicapped pupils and those children where there are problems in learning. A great number of pupils who are not progressing satisfactorily are not innately dull, but it is vital that the fullest information must be given to the teacher relating to their physical condition if this is to be rectified. This emphasises the need for including the services of the consultant paediatrician amongst those who must have communication and support, as he is also intimately concerned with the development of the children. The ready availability of his specialised knowledge would be invaluable in the expeditious solving of many individual problems. In addition a fuller understanding of the social aspects of the difficulties of the child will make the task of the specialist easier and his advice more appropriate. This could prove to be an important integrating point between the various disciplines and the cross-fertilisation of ideas and stimulation of the imagination is important and advantageous to workers who



must always have an open mind and a critical approach, as well as an abiding interest in the child himself. Progress is continuous and no person can claim to have a monopoly of knowledge, and the opportunities which this new clinic will provide for further advancement are welcomed.

On the whole, the report which has been presented for the year is an optimistic and satisfactory one. The general physical and nutritional standard of children is high and the incidence and severity of infectious diseases extremely low. Although there have been a number of changes in the staffing of the School Health Service, there are not many gaps in the service, and where these have occurred we have been fortunate in being able to replace the persons concerned with staff of a high calibre.

I wish to thank all members of the staff for their loyal service during the year, and Dr. Joel, who has been responsible for compiling most of this report. Throughout the year the constant co-operation and help by the Chief Education Officer and his staff has been invaluable in ensuring an efficient service.

I should like to tender my personal thanks and those of my staff to the Chairman and members of the Education Committee and of the Special Services Sub-Committee for their unfailing courtesy, support and encouragement.

D. W. WAUCHOB,  
Principal School Medical Officer.

Municipal Health Centre,  
Whitegate Drive,  
Blackpool.  
Tel. No. Blackpool 63232.

## **STAFF OF THE SCHOOL HEALTH SERVICE**

### **Principal School Medical Officer :**

David W. Wauchob, M.B., B.Ch., D.P.H.

### **Deputy Principal School Medical Officer :**

H. James, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

### **First Assistant School Medical Officer :**

Mary F. Joel, M.B., Ch.B.

### **Assistant Medical Officers :**

Kathleen Ball, M.B., Ch.B.

Marie J. Ribchester, L.R.C.P. & S. (Edin.), L.R.F.P. & S. (Glasgow)

Ivor J. Cope, M.R.C.S., L.R.C.P. (London)

Philip W. Lang, L.R.C.P., L.R.C.S. (Edin.) (Comm. July, 1962)

Gillian P. Ford, M.B., Ch.B., D.C.H. (London) (Left June, 1962)

### **Consultant Ophthalmic Surgeon (Part-Time) :**

Thomas S. Blacklidge, M.D., D.O.M.S.

### **Consultant Ear, Nose and Throat Surgeon (Part-Time) :**

Ian B. Thorburn, M.B., Ch.B., F.R.F.P.S., F.R.C.S., D.L.O.

### **Child Psychiatrist (Part-Time) :**

A. R. Grant, O.B.E., M.D., J.P.

### **Educational Psychologists :**

Philip Lanch, B.A.Psych. (Hons.), D.L.C. (Hons.)

Muriel Percy, B.A.Psych. (Hons.)

Doreen M. Hughes, B.A.Psych. (Hons.) (Left July, 1962)

### **Psychiatric Social Worker :**

Ruth Halsall, B.A. (Admin.), Manchester, A.M.I.A., A.A.P.S.W.

### **Social Worker :**

Margaret Parkinson (Commenced December, 1962), Dip.Soc.Sc. & Admin.

### **Principal School Dental Officer :**

Marshall Smith, L.D.S., R.C.S.(Eng.)

### **Consultant Dental Surgeon (Part-Time) :**

H. Ackers, M.B., F.D.S., R.C.S.E., R.F.C.S.

### **Dental Officers :**

R. Martyn, L.D.S. (Liverpool)

H. Marshall, L.D.S.

Mrs. J. Hopkinson, L.D.S. (Manchester) (Part-Time)

Mrs. D. A. J. H. Abbott, L.D.S., R.S.F.P.S.(G) (Part-Time)

## **SCHOOL NURSES AND HEALTH VISITORS**

### **Superintendent Health Visitor/School Nurse :**

Miss C. R. Ryan, S.R.N., S.C.M., H.V., Nursing Admin. (P.H.) Cert.

### **Health Visitors/School Nurses :**

Mrs. A. Brining, S.R.N., S.C.M., H.V., Q.N.  
Mrs. E. M. Butler, S.R.N., S.C.M., H.V.  
Miss R. E. Giles, S.R.N., S.C.M., H.V.  
Miss J. Grime, S.R.N., S.C.M., H.V.  
Miss O. D. Hanson, S.R.N., S.C.M., H.V.  
Miss C. Hardman, S.R.N., S.C.M., H.V.  
Mrs. M. Harrap, S.R.N., M.S.S.Ch., H.V.  
Miss D. Harrison, S.R.N., S.C.M., H.V.  
Miss A. R. Hickson, S.R.N., S.C.M.  
Mrs. B. Marsden, S.R.N., S.C.M., H.V., S.I.  
Mrs. M. Moulding, S.R.N., S.C.M., H.V.  
Miss M. Partington, S.R.N., S.C.M.  
Miss M. Ryder, S.R.N., S.R.F.N., S.C.M., H.V.  
Miss D. Salisbury, S.R.N., S.C.M., H.V.  
Miss L. M. Taylor, S.R.N., S.C.M., H.V.  
Mrs. M. Thompson, S.R.N., S.C.M., H.V.  
Miss P. Wroe, S.R.N., S.C.M., R.S.C.N., H.V.  
Mrs. M. C. Johnstone, S.R.N., S.C.M., H.V. (Part-Time)

### **Clinic Nurses :**

Mrs. N. Davies, S.R.N., S.C.M.  
Mrs. M. Dania, S.R.N.  
Mrs. M. Hatton, S.R.N.  
Mrs. M. E. Parker, S.R.N.  
Mrs. M. Tweed, S.R.N.

### **Speech Therapists :**

Miss M. Dodson, L.C.S.T.  
One Vacancy

### **Physiotherapists :**

Mrs. B. Chester, M.C.S.P.  
Miss S. J. Carroll, M.C.S.P. (Comm. January, 1962)  
Mrs. W. Shaw, M.S.C.P. (Part-Time)

### **Teacher of Lip Reading (Part-Time) :**

Miss M. Sandiford, B.A.,  
Univ. Cert. for Teachers of the Deaf, Manchester University

### **Clerical Staff :**

Mrs. B. McKenna (Senior Clerk)  
Miss J. Sheare  
Miss I. Sealey  
Miss M. Barnes (Comm. February, 1962)

### **Dental Attendants :**

Miss C. Banks  
Miss K. Bruce (Commenced September, 1962)  
Mrs. M. K. Baynes (Commenced November, 1962)  
Mrs. W. Wood (Part-Time—commenced May, 1962)  
Miss M. Lancashire (left June, 1962)  
Miss M. Roberts (Left August, 1962)  
Mrs. G. J. Dodd (Left October, 1962)

### **Hygiene Assistant :**

Mrs. J. Williamson

## **COUNTY BOROUGH OF BLACKPOOL**

Area of Borough (including foreshore)—acres .....	10,718
Population (Registrar-General's latest official estimate) .....	151,250



	<i>No. of Schools</i>	<i>No. of Pupils</i>
Secondary Grammar .....	3	2,020
Secondary Modern .....	8	4,647
Primary .....	31	9,631
Special Day (E.S.N.) .....	1	155
Open-Air .....	1	52
Residential School for Maladjusted .....	1	45
Non-Reorganised .....	2	676
Direct Grant Grammar .....	3	1,545
Independent Grammar .....	1	365
Private and Preparatory .....	11	753
<b>Total</b> .....	<b>62</b>	<b>19,889</b>

### PREMISES

#### BENNETT AVENUE CENTRAL CLINIC (Medical and Dental)

Open daily, Monday to Friday .....	9.30 a.m. to 12 noon 2.00 p.m. to 4.30 p.m.
Saturday .....	9.30 a.m. to 12 noon

### Branch Clinics

#### ASHBURTON ROAD

Medical : Open Monday .....	9.30 a.m. to 12 noon
Friday .....	2.00 p.m. to 4.30 p.m.
Dental : Open Monday to Thursday .....	9.30 a.m. to 12 noon

#### ROSEACRE MEDICAL CLINIC (at Roseacre School)

Open Monday .....	9.30 a.m. to 12 noon
Thursday .....	2.00 p.m. to 4.30 p.m.

#### DENTAL CLINIC, 350 Lytham Road

Open Daily, Monday to Friday .....	9.30 a.m. to 12 noon 2.00 p.m. to 4.30 p.m.
Alternate Saturdays .....	9.30 a.m. to 12 noon

In addition, the following Specialist Clinics are held :

#### BENNETT AVENUE CLINIC

	<i>No. of Sessions</i>
Orthodontic work .....	2 per week
Ophthalmic Clinic .....	2 per week
Lip Reading Clinic .....	5 per week
Ear, Nose and Throat Specialist Clinic .....	1 per month

#### ASHBURTON ROAD CLINIC

Child Guidance Clinic .....	10 per week
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#### MUNICIPAL HEALTH CENTRE

Speech Clinic .....	10 per week
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### CO-ORDINATION

During the year there continued to be excellent liaison between the School Health Service and the Hospital Staffs. Co-operation with the General Practitioners has also been helpful. They have referred, through the School Health Service, cases to the Child Guidance Clinic, and have attended case conferences where appropriate. The Head Teachers have been co-operative and helpful during the many visits made by the Doctors and Nurses to the schools.

As in the past, close co-operation exists between the other Departments of the Local Authority, e.g. Children's, Education, and Welfare Departments, and the School Health Service.

The Committee dealing with problem families has continued to meet, and many children have been helped during the year. In addition, this Committee has helped to deploy specialist staffs by arranging for one person to deal with any one family, instead of a number of people from different departments.

### STAFF

Dr. Ford resigned from the Department, and we were fortunate to appoint Dr. P. Lang in her place. An additional Social Worker, Mrs. Parkinson, was appointed to assist in the ever-increasing number of visits required in the Child Guidance Clinic. We were fortunate in appointing Miss Carroll to the Physiotherapy Department and to deal with the children in the Open-Air School. There is still a vacancy for a Speech Therapist and a Dental Officer, and a number of vacancies for Health Visitor/School Nurses.

### SCHOOL HYGIENE

During the year, redecorations have been carried out in school and school kitchen premises as follows :—

#### *Exterior*

Grange Park Junior and Infant School  
St. George's Secondary Modern School  
Technical College—Ripon Road Block.

#### *Interior*

St. Kentigern's R.C. School (Head's room)  
Holy Family R.C. School (Head's room)  
Collegiate School  
Technical College (part of old Courtfield)  
School Kitchens—Claremont Secondary (Scullery)  
                            Montgomery School Kitchen  
                            Revoe School Kitchen  
                            St. Columba's School Kitchen  
Auxiliary Premises—Raikes Parade (Scullery).

### PERIODIC MEDICAL INSPECTION IN SCHOOLS

All Maintained Schools in the area have been visited during the year for the purpose of medical inspection. In order to visit junior schools for this purpose it was decided that the 10+ group should be done in preference to the 11+ group in senior schools. This year both groups were done in order that no child should be missed. In addition a pilot scheme was done in one school in order to assess the value of a selective examination at this age group. It has now been decided that this type of examination for the intermediate group is preferable. The discussions between the Head Teachers, the School Medical Officers and the School Nurses are profitable. It may well be, however, that some of the children not seen in this group will appear for special examination in the early days in the secondary schools. Many of their problems are only brought to light after this transition period. It is proposed, however, to continue with routine inspection of all entrants at five years, and all school leavers.

Booster doses for Diphtheria and Tetanus were given to school children of 5+ and 10+, according to when they were given their primary injection. B.C.G. vaccination was continued in the 13+ group. In addition, B.C.G. was offered to all children in one of the primary schools, following a case of active Tuberculosis in one of the teachers. 99% of the children were done.

The total numbers seen in the Schools at Routine Medical Inspections were as follows :—

<i>Year of Birth</i>	<i>Number</i>
1958 and 1957 (Entrants) .....	1,252
1956 .....	397
1955 .....	61
1954 .....	44
1953 .....	40
1952 .....	439
1951 .....	877
1950 .....	1,173
1949 .....	377
1948 .....	412
1947 and earlier .....	1,612
<b>Total</b> .....	<b>6,684</b>

Other examinations were carried out in the Schools as follows :—

Re-examinations .....	1,287
Special Inspections .....	336
Nurses' Survey, 7+ Group .....	1,559
Re-tests for vision .....	2,888
Foot Inspections .....	1,509

*Other School Work*

Audiometer Tests .....	1,028
Total number of children immunised against Diphtheria .....	1,836

### **FINDINGS AT MEDICAL INSPECTIONS**

Only 0.56% of children seen required observation because of unsatisfactory general condition. This shows a good standard of health in the area. There seems to be an increase in the number of nose and throat defects, heart defects, epilepsy, and in psychological defects—particularly relating to stability. Perhaps some of the increase is due to the variation of standards of medical officers. In addition, especially with regard to psychological defects, more children are being referred as the services extend. Otherwise, the findings vary very little from previous years.

### **WORK OF THE HEALTH VISITOR/SCHOOL NURSES**

#### **(A) In the Schools**

1. Routine cleanliness surveys at beginning of each school term, with a follow-up where necessary.
2. Special visits to schools in respect of outbreak of infectious diseases.
3. Routine vision tests, and ensuring that spectacles have been obtained, when prescribed.
4. Assistance to School Medical Officers at routine medical inspections and immunisation sessions.
5. Consultations with Head Teachers with regard to special cases.
6. Foot Inspections.

#### **(B) In the Clinics**

1. Attendance at Maternity and Child Welfare Clinics.
2. Attendance, if needed, at Minor Ailment Clinics.
3. Supervision of the work of the Hygiene Assistant at the Cleansing and Scabies treatment Clinic.

#### **(C) In the Homes**

1. Child Welfare visiting.
2. Special visits in connection with long absences from school.
3. Unsatisfactory conditions found at Cleanliness surveys.
4. Follow-up of cases failing to attend for treatment at the Clinics.
5. Follow-up of cases after discharge from Hospital—to ascertain whether in need of home tuition, etc.
6. Visits with regard to Sections 34 and 57 of the Education Act, 1944.



#### (d) Keeping of statistical records for monthly and annual reports

The total number of visits made by the School Nurses was as follows :—

To the homes .....	1,142
To the schools .....	497

Foot inspections carried out in schools totalled 1,509 and as in previous years, many Verrucas were found. A total of 190 individual children attended Bennett Avenue Clinic during the year. Many more children attended other clinics, private chiropodists, and their own doctors.

The Clinic Nurses are responsible for the minor ailment clinics, and for attendance at the Specialists Clinics.

#### CLEANLINESS

Total number of cleanliness inspections during the year	29,937
Individual children inspected .....	249

#### Cleanliness Centres

During the year, 230 individual children attended the three clinics because of dirty heads, of which 222 were cleared. 29 children became re-infested more than once ; these were all completely cleared by the end of the year.

Children attending Ashburton Road Clinic with Scabies totalled 28 during the year, all of which were cleared. A total of 8 cases were dealt with in the homes.

The Hygiene Attendant continued to visit Park School once a week, and a total of 29 baths were given to four individual children.

We were very grateful for old clothing brought to the Clinic; this was distributed among families whom we knew would be appreciative.

#### SCHOOL MEDICAL CLINICS

There were 10,674 attendances in 1962, compared with 11,529 in 1961 and 13,513 in 1960. There has been a further drop in the number attending the Clinics, but this is a general trend. Diseases of the skin and accidents again were the largest groups.

The Eye Specialist continued to give two mornings a week to dealing with schoolchildren at Bennett Avenue Clinic. The Ear, Nose and Throat Specialist attended once a month to deal mainly with children showing hearing difficulties.

The Enuretic Clinic continued to be held each week. There is still a long waiting list for the Bell apparatus. The individual number of children attending the Clinic during the year was 157.

At total of 28 new cases were referred from the Clinics to the Physiotherapist during the year—24 for Light treatment, 3 for special exercises, and 1 for breathing exercises. Some of these cases came to the Clinic from the General Practitioners, and some from the Chest Physician. Light treatment still seems to produce some benefit to the recipients in spite of modern ideas on the subject. It is used for some skin cases, particularly Acne, and for general debility.

The number of cases of accidents referred from the School Clinic to the Casualty Department at Victoria Hospital was 37.

#### Special Examinations

Cases seen in the Clinics by the School Medical Officers under Section 57 and 34 of the Education Act totalled 141. Ascertainment is being carried out as early as practicable, so that if admission to a special school is desirable, a place can be found early in a child's school life. The benefits from early special schooling are showing, especially with deaf children.

	1962	1961
Attendances at Medical Clinics .....	10,674	11,586
Number of ailments treated .....	5,490	6,190

## DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT OR ADVICE AT THE MEDICAL CLINICS

<b>SKIN</b>							
Diseases of the Skin	.....	.....	.....	.....	.....	.....	899
<b>EYES</b>							
Visual defects (including Squints)	.....	.....	.....	.....	.....	.....	886
External eye defects	.....	.....	.....	.....	.....	.....	199
Glasses for repair or replacement	.....	.....	.....	.....	.....	.....	340
<b>EARS</b>							
Deafness, earache, etc.	.....	.....	.....	.....	.....	.....	437
<b>NOSE AND THROAT</b>							
Catarrh, sore throat, tonsillitis, etc.	.....	.....	.....	.....	.....	.....	149
<b>ORTHOPAEDIC</b>							
Crippling defects, poor posture, flat feet	.....	.....	.....	.....	.....	.....	60
<b>NERVOUS DISORDERS</b>							
	.....	.....	.....	.....	.....	.....	16
<b>PSYCHOLOGICAL CASES</b>							
Development	.....	.....	.....	.....	.....	.....	1
Stability (including Enuresis)	.....	.....	.....	.....	.....	.....	123
<b>MEDICAL CASES</b>							
Speech defects	.....	.....	.....	.....	.....	.....	27
Lymphatic Glands	.....	.....	.....	.....	.....	.....	2
Heart and circulation	.....	.....	.....	.....	.....	.....	3
Chest and Lung defects	.....	.....	.....	.....	.....	.....	29
Miscellaneous medical cases	.....	.....	.....	.....	.....	.....	334
<b>INFECTIOUS DISEASES</b>							
	.....	.....	.....	.....	.....	.....	6
<b>SURGICAL CASES</b>							
Injuries, Sprains, Wounds	.....	.....	.....	.....	.....	.....	713
Abscesses, Boils	.....	.....	.....	.....	.....	.....	68
Burns, Scalds	.....	.....	.....	.....	.....	.....	25
Minor Surgical cases	.....	.....	.....	.....	.....	.....	145
Immunisation reactions	.....	.....	.....	.....	.....	.....	7
<b>SPECIAL EXAMINATIONS</b>							
(Including examination for fitness for school ; issue of Employment and Entertainment Licences ; issue of Freedom from Infection Certificates : Boarded-out children : Special cases (Form 2 H.P. etc.))							1,398

### SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL OFFICERS

#### **Employment of children out of school hours**

During the year, 387 examinations were carried out in connection with the granting of licences to work out of school hours. The majority of these licences were for delivering newspapers.

#### **Employment of children in entertainments**

During the year, 40 examinations were carried out in respect of children applying for licences permitting them to take part in public entertainments. The majority of these licences were for children taking part in the annual Tower Ballet.

#### **Boarded-out children**

There were 45 periodic examinations of boarded-out children carried out at the School Clinic during the year, by arrangement with the Children's Officer. Boarded-out children have also been examined and treated at the Clinic for minor ailments.



## Freedom from Infection Certificates

For the purpose of issuing freedom from infection certificates for children home on holiday from residential special schools, 88 examinations were carried out before they returned to school.

## Teaching Staff

Candidates for Teachers' Training Colleges were examined, as in previous years, by the School Medical Officers, 67 such examinations being carried out. In addition, 16 newly-appointed teachers were medically examined. Arrangements were made, where necessary, for chest examinations to be carried out at the Chest Clinic, Municipal Health Centre.

## Fitness for Activities

In the Clinics, 132 children were examined re fitness for physical education, swimming, boxing, walking tours, etc.

## SPECIALIST TREATMENT

The Victoria Hospital deals with all surgical cases and emergencies referred from the School Clinics. Tonsil and adenoid operations are carried out by the Hospital Ear, Nose and Throat Surgeons. General medical cases are referred to the Hospital Paediatrician, and special cases to the appropriate Surgeon. Eye cases requiring operation or Orthoptic out-patient treatment are treated at the Hospital by the Eye Specialists.

The following cases were referred to Victoria Hospital during the year from the School Medical Clinics :—

For Orthoptic treatment	.....	.....	.....	.....	.....	.....	24
For Tonsil and Adenoid operation	.....	.....	.....	.....	.....	.....	9
Other Ear, Nose and Throat cases	.....	.....	.....	.....	.....	.....	16
Breathing Exercises	.....	.....	.....	.....	.....	.....	2
Casualties and emergencies	.....	.....	.....	.....	.....	.....	37
Skin cases	.....	.....	.....	.....	.....	.....	2
Orthopaedic cases	.....	.....	.....	.....	.....	.....	3
Paediatrician	.....	.....	.....	.....	.....	.....	15
Medical	.....	.....	.....	.....	.....	.....	2
Other cases	.....	.....	.....	.....	.....	.....	1

## Lancaster Moor Hospital

During the year, six cases were recommended for Electro-encephalographic examination, for diagnosis of epilepsy, at Lancaster Moor Hospital.

## Preston Diagnostic Clinic

Recommendations to the Diagnostic Clinic for examination and diagnosis of deafness in young children totalled nine.

## ORTHOPAEDIC AND POSTURAL DEFECTS

Children treated as In-Patients at Victoria Hospital	.....	.....	.....	.....	.....	.....	48
Children treated in the Orthopaedic Out-Patients Department of Victoria Hospital	.....	.....	.....	.....	.....	.....	74
Orthopaedic cases seen in the School Clinics	.....	.....	.....	.....	.....	.....	60

## HEART DEFECTS

In the Routine Medical Inspections, 4 children were found to require treatment for defects of heart and circulation, and 39 were found to require observation. The necessary treatment and supervision were carried out. Severe cardiac defects were kept under continuous observation and admitted to the Open-Air School when necessary.



## SPASTIC PARALYSIS

In the Open-Air School (Day Special)	8
In Residential Schools	1
Having Home Tuition	2
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Total	11

## CONVALESCENT TREATMENT

During the year, seven delicate and debilitated children received convalescent treatment in the West Kirby Convalescent Home for periods of one month, or longer.

## DISEASES OF THE SKIN

The total number of skin lesions recorded at the Clinics during the year was 899. These included Impetigo, Septic Abrasions, Warts, Eczema, Ringworm, etc.

## VISUAL DEFECTS

Defects ascertained at Routine Medical Inspections in schools were as follows:—

Number of children requiring refraction	296
Number for observation (slight defective vision)	557
Wearing suitable glasses	444
Wearing glasses and requiring re-test	49

Nurses' Survey in Schools—Vision Testing :

Number inspected	2,888
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## REFRACTION CLINIC

(Held at Bennett Avenue School Clinic)

Number of children examined	886
Number for whom spectacles were prescribed	478
Number for whom spectacles were not advised	138
Number already wearing spectacles for whom no change of lens was advised	270
Number referred for Orthoptic treatment at Victoria Hospital	24

The following is an analysis of the defects found among children for whom spectacles were prescribed.

Simple Hypermetropia	92
Hypermetropic Astigmatism	53
Simple Myopia	260
Myopic Astigmatism	27
Hypermetropia with Strabismus	20
Other cases	26

## NOSE AND THROAT DEFECTS

At the Routine Medical Inspections, 103 children were found to require treatment for nose and throat defects, including tonsillar sepsis and/or adenoids. In addition, 260 children were found to require observation for minor defects. The total number of children who received treatment at the Clinics was 149.

Children referred to Victoria Hospital for Tonsil and Adenoid operation numbered 103. A number of school children were also referred to the Hospital direct by their private doctors. A total of 366 children received operative treatment for Tonsils and Adenoids during the year, and 76 children received operative treatment at the Hospital for other nose and throat defects.

## EAR DEFECTS

During the year, 14 children were found, at Routine Medical Inspections in schools, to be suffering from defects of the ear, and requiring treatment, as follows:—

Defective Hearing	11
Other cases	3

Treatment of 437 children was carried out in the School Clinics during the year, as follows :—

Defective Hearing .....	309
Middle Ear disease .....	9
Other cases .....	119

The Ear, Nose and Throat Specialist from Victoria Hospital continued to visit the Clinic at Bennett Avenue once a month. Details of cases seen are as follows :—

Number seen for examination by the E.N.T. Specialist .....	60
Referred for Lip Reading lessons .....	1
Treatment at School Clinic or Victoria Hospital .....	13
Hearing Aids .....	3
T. and A. operation, Victoria Hospital .....	16
Referred to private doctor for treatment .....	1
For review and re-test .....	23
For regular audiometer tests .....	1
For speech training .....	1
Referred to Child Guidance Clinic .....	1
For residential school for Partially Deaf .....	1
Unable to test .....	2
No further action .....	7

### Group Audiometer Tests

Sweep tests for the 6+ age group were continued in schools to ascertain hearing defects as soon as possible. Children who show any hearing loss in the sweep test are first seen by a School Medical Officer and examined. If necessary they are then transferred to the Ear, Nose and Throat Specialist, or to the Diagnostic Clinic at Preston.

Number seen in Schools .....	1,028
Number seen in Clinic .....	244
	<hr/>
	1,272

### SCHOOLS

Number of sessions .....	42
Number of children tested .....	1,028
Number found to have defective hearing .....	82

### CLINICS

Number of children tested .....	244
Number found to have defective hearing .....	122

### TREATMENT

Special Tuition .....	1
School for Partially Hearing .....	2
Referred to E.N.T. Specialist Clinic .....	28

All children who show slight defective hearing in schools but not requiring any special treatment, are kept under observation in the schools, and the teachers are asked to note their progress : they are also reviewed periodically in the Clinic.

### PARTIALLY HEARING CHILDREN RECEIVING SPECIAL TUITION

Number who attended during 1962 .....	13
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One girl (born 27.6.52) continued her weekly lessons. Speech is good. She is a very attentive, interested pupil, and her general progress very satisfactory. She uses her "Medresco" hearing aid regularly.

One boy (born 16.4.52) is Partially Hearing and Spastic. He is retarded, and progress is very slow. His interests have increased and he now makes remarks and spontaneous comments on a much wider range of subjects than previously. He uses his hearing aid regularly.



One boy (born 15.6.50) makes steady progress and holds his place in a B stream class in a Secondary Modern School. His speech is fairly good. He has extensive general knowledge—home influence is very good. He has a hearing aid but does not use it in school.

One boy (born 11.9.55) attended for weekly lessons between November, 1961, and December, 1962. He has considerable loss of hearing, especially on high tones. He is very intelligent and his speech improved greatly as a result of the lessons, during which he also had lipreading tuition. He uses a hearing aid regularly. Lessons were discontinued temporarily, but he will be recalled so that hearing, speech and progress may be checked. His class teacher has nothing but praise for him.

One girl (born 12.5.56) began lessons in December, 1961, soon after high-tone deafness was diagnosed. As a result of individual tuition, speech vocabulary and reading all improved very much, as she is an intelligent little girl. She was provided with a hearing aid. She was admitted to the School for the Partially Deaf at Birkdale in September, 1962, and has settled down well there.

One girl (born 30.1.47) had a refresher course in Lipreading between January and March, 1962, when she left school.

One boy (born 3.3.55) has been attending for speech lessons since September, 1961. His hearing is now quite good as a result of hospital treatment, and his speech is generally intelligible, but he still needs practice on certain sounds.

One girl (born 5.6.51) has been attending weekly for lessons since June, 1961. Deafness on high tones is very severe, and speech (especially sibilants) needs constant correction. She is considered very immature but her mother says her knowledge compares favourably with that of her friends, and she gets good reports from her private school. Speech has improved and her reading is now good. Her vocabulary is increasing with the Specialist Teacher's help. She has a hearing aid but does not use it.

One boy (born 10.7.47) began a refresher course in Lipreading in November, 1961. The lessons were discontinued in March, 1962, owing to poor attendance. He is a fair Lipreader—now attends the Grammar School.

One boy (born 19.10.55) began Speech lessons in November, 1962. He is gaining confidence, and speaking more clearly. The Specialist Teacher is also able to help with his reading.

One girl (born 23.4.52) attended for lessons (when her mother co-operated) between November, 1960, and July, 1962, when the family left Blackpool. She enjoyed the lessons and benefited from the individual tuition, as she missed so much at school owing to her deafness. Her speech was quite good, especially when using an amplifier, but her mother would not let her have an individual hearing aid for use at home and in school.

One boy (born 8.7.56) began Speech lessons in March, 1962. His hearing is adequate but his mother's speech is defective owing to high-tone deafness. This boy is making steady progress, and can now reproduce most speech sounds under supervision.

One girl (born 8.1.56) began lessons in May, 1962, soon after her high-tone deafness was diagnosed. Her vocabulary is very limited, but she is intelligent and is making headway in reading as well as showing improvement in speech, and increased vocabulary. She is due for admission to the School for the Partially Hearing at Birkdale in September, 1963.

In addition to teaching the above children, the Specialist Teacher has also carried out sweep hearing tests in schools, and has been training two part-time members of staff from the Health Centre in the use of the audiometer. Regular sessions have been held at Bennett Avenue Clinic, where children with suspected or proved impairment of hearing have been tested and re-tested. The Specialist Teacher has also attended the monthly Ear, Nose and Throat Clinics at Bennett Avenue.



## SPEECH CLINIC

The Clinic is still working with one Speech Therapist. It is unfortunate that she is unable to give much time to visiting schools, as much can be done during these school sessions for the minor speech defects.

Total attendances at Speech Clinic .....	1,772
Number of children receiving regular treatment at end of year .....	54

### Analysis of cases receiving regular treatment

Stammer .....	4
Stammer and incorrect sounds .....	5
Incorrect sounds .....	38
Cleft palate and other disorders of resonance .....	2
Incorrect speech due to birth or brain injury .....	1
Other defects .....	4
Cases discharged during the year .....	77
New cases taken on .....	45
Number on waiting list at end of year .....	26
Number of school visits during year .....	3
Number of home visits .....	32
Cases reviewed .....	373

### Referred to other Departments

Child Guidance .....	1
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## CHILD GUIDANCE CLINIC

Psychiatric Clinic sessions held .....	65
New cases seen .....	27
Total attendances .....	98
Case Conferences .....	4
Psychologists' Interviews and tests in Clinic .....	238
School, Clinic and Office visits .....	326
Cases tested in schools .....	126
Group tests in schools .....	406
Attendances for Remedial/Therapeutic treatment .....	402
Home visits .....	49
Case conferences .....	7
Remedial Teachers' Discussion Group .....	3

### Psychiatric Social Worker

Home Visits (new cases) .....	132
Clinic Interviews (new cases) .....	63
Home Visits (old cases) .....	347
Clinic Interviews (old cases) .....	206
School visits .....	10
Social histories .....	82
Attendances at Court .....	2

This year we have welcomed two new full-time members of staff—Miss M. Percy, Educational Psychologist, and Mrs. M. Parkinson, Social Worker. For some months we continued to have the services of Mrs. D. Hughes as a part-time Educational Psychologist ; her contribution was an inspiration to us all and we were sorry that it was not possible for her to remain.

In order to help parents who would perhaps otherwise not have been able to attend, the Clinic has been opened for several evenings. The experiment has worked well ; we find that some teenagers also prefer to come along in the evening so as to avoid embarrassment at school.

That children's behaviour problems arise from unsatisfactory home circumstances is well known, but experience has shown us that because a child's behaviour is disordered in a type of environment which tends to produce behaviour disorders, one must not assume that the environment has in fact been the only cause. Two children, one a boy aged eight and one a girl aged nine, were referred because of poor work records and concentration in school, and behaviour problems in the home. In both cases, home factors could have accounted for the children's behaviour. However, the administration of the Wechsler Intelligence Scale for Children showed marked differences between Verbal and Performance I.Q.s, and because marked differences between these I.Q.s can be indicative of brain damage, both children were referred to a Paediatrician. In the case of the boy the diagnosis was "delayed maturation", but in the case of the girl the diagnosis was "a degree of immaturity in addition to the possibility of some local brain damage". Both these cases show the need for very close co-operation between Child Guidance and Paediatric Clinics. It is also interesting to note that other Clinics are reporting an increase in the number of children diagnosed as "brain damaged".

Although it is not unusual for us to have brief visits from a number of students, for the first time this year we have had a student (attending a Younghusband Course) for a month's practical work. We have been asked to take more students in the future, and no doubt this practice will become routine.

### WENNINGTON HALL SPECIAL SCHOOL

This school for Maladjusted Boys continues to do very good work. The School has been visited regularly by the First Assistant School Medical Officer, the Psychologist, and the Psychiatric Social Worker. The Consultant Psychiatrist has visited, at the Head Teacher's request, to see some of the boys. At the end of the year, 13 boys from Blackpool were on the register. Two boys who left school in July, 1962, were very well adjusted. One was taken into Courtfield for training as a Chef; the other passed a Civil Service examination.

### OPEN-AIR SCHOOL Classification of children

	<i>Boys</i>	<i>Girls</i>
Chest and Asthma .....	6	4
Delicate and Debilitated .....	2	2
Spastic .....	6	2
Old Polio .....	—	1
Spina Bifida .....	1	2
Muscular Dystrophy .....	3	—
Cardiac .....	—	2
Hemiplegia .....	—	1
Bronchiectasis .....	1	—
Bronchitis and Asthma .....	2	—
Asthma and Eczema .....	1	—
Cataracts .....	1	—
Partially Sighted .....	2	—
Epilepsy .....	1	—
Petit mal .....	1	—
Sturges-Weber Syndrome .....	1	—
Osteomyelitis .....	1	—
Still's Disease .....	—	1
Nephretomy .....	1	1
Congenital Dislocation of Hip .....	—	1
Severe scarring following burns .....	—	1
Ulcerative Colitis .....	—	1
Brain Tumour .....	—	1
E.S.N. ....	1	—
	31	20



The number of children in the Open-Air School at the end of the year was 51. The waiting list for the school was 18—11 delicate, 6 physically handicapped, and 1 partially hearing. Another partially-sighted boy was admitted temporarily. He will eventually go to a residential school. He was admitted because of upset at home. He has settled down well. One epileptic was admitted ; he also will have to go to a residential school as his behaviour is causing concern. The child ascertained as partially hearing is also a mild spastic. Altogether, 9 new cases were admitted during the year. One parent refused a place.

The school has indeed been very lucky in the choice of Physiotherapist. She was awarded a scholarship for treatment of spastics, and the spastic children in the school have improved tremendously following her treatment. She has attended the school regularly three or four times a week, giving remedial exercises for all types of handicap. U.V.R. is also given for children who need it.

Swimming lessons have continued to give joy to the children.

The Paediatrician and Orthopaedic Specialist from the Hospital have continued to visit the school and to give helpful advice.

It is hoped that in the near future the new school will be built, so that the waiting list children will be able to attend school.

### PARK SCHOOL

This School for E.S.N. Children has been open for over two years now and is settling down to routine. Discussions about progress are held each term between the Head Teacher, the First Assistant School Medical Officer, and the Educational Psychologist.

A system has been devised for routine reviews at two or three-year intervals. These are done by the Psychologist or the School Doctors.

All 15+ reviews are done by the First Assistant School Medical Officer, so that the future of the child may be discussed with the parent, and later with the Youth Employment Officer. This arrangement has been satisfactory. If children are deemed to need supervision on leaving school, the parents are told that they may go to the Mental Welfare Department for help and guidance, should problems arise after leaving school. A brief history of children thought to require supervision is sent to the Mental Health Department for information after their review by the School Medical Officer.

### HOME TUITION

#### Number of children on home tuition at the end of December, 1962

Blind and Partially Hearing	.....	.....	.....	.....	.....	.....	.....	.....	1
Spastic	.....	.....	.....	.....	.....	.....	.....	.....	2
Diabetic	.....	.....	.....	.....	.....	.....	.....	.....	1
Delicate	.....	.....	.....	.....	.....	.....	.....	.....	2
Cardiac	.....	.....	.....	.....	.....	.....	.....	.....	1
Bronchiectasis	.....	.....	.....	.....	.....	.....	.....	.....	1
Eczema	.....	.....	.....	.....	.....	.....	.....	.....	1
Tuberculosis	.....	.....	.....	.....	.....	.....	.....	.....	1
Other physically handicapped	.....	.....	.....	.....	.....	.....	.....	.....	4
Maladjusted	.....	.....	.....	.....	.....	.....	.....	.....	1
Total									15

#### Details of children on home tuition

Girl—15 yrs.—Spastic—wheelchair case and speech difficulty.  
On tuition 6 years. Very good home.  
Reason : No vacancy in residential school.



- Boy—15 yrs.—Blind and Partially Deaf.  
Tuition 6 years. Very good progress.  
Reason : Parents refused residential school.
- Boy—10 yrs.—Spastic—wheelchair ; speech defect.  
Tuition 5 years. Will be admitted to new Open-Air School.  
Reason : Parents anxious to keep boy at home.
- Boy—10 yrs.—Haemophilia—severe case ; is in and out of hospital frequently.  
Tuition 5 years.  
Reason : No alternative to home tuition.
- Girl— 8 yrs.—Cardiac defect.  
Tuition 3 years.  
Reason : Severity—was unable to manage in the Open-Air School.
- Girl—13 yrs.—Bronchiectasis.  
Tuition 2 years.  
Reason : Severity—was in Open-Air School for a time.
- Girl— 6 yrs.—Spinal Deformity.  
Tuition twelve months.  
Reason : Interval between Hospital treatments.
- Boy—13 yrs.—Perthe's Hip Disease.  
Tuition twelve months.  
Reason : Attends Hospital at intervals.
- Boy—10 yrs.—T.B. Glands in neck.  
Reason : Fit for tuition at home, although unable to attend school.
- Girl—11 yrs.—Old Polio—in plaster.  
Reason : Attends Hospital at intervals.
- Girl—12 yrs.—Diabetes—attends Hospital for stabilising.  
Reason : No vacancy in residential school. Head Teacher of Day School was unwilling to keep her, owing to number of blackouts she had.
- Boy— 6 yrs.—Severe Eczema.  
Reason : Waiting list for Open-Air School.
- Boy—11 yrs.—Asthma and Debility.  
Reason : Waiting list for Open-Air School.
- Girl—12 yrs.—Spinal Curvature.  
Reason : Awaiting operation in Oswestry, and on waiting list for Open-Air School.
- Boy—14 yrs.—Maladjusted.  
Reason : Unable to cope with school routine.

### CHEST CLINIC

There exists a good relationship between members of the School Health Service and the Chest Physician. This year five children have been referred for breathing exercises to the Chest Physician. Home Tuition can be arranged at the Chest Physician's request.

### B.C.G. VACCINATION IN SCHOOLS

Number offered B.C.G. ....	.....	.....	.....	.....	2,552
Number accepted .....	.....	.....	.....	.....	1,573
Percentage accepted .....	.....	.....	.....	.....	61.6
Number tested .....	.....	(incl. 152 retested)	.....	.....	1,646
Number negative .....	.....	.....	.....	.....	1,196
Number vaccinated .....	.....	.....	.....	.....	1,106
Number positive .....	.....	.....	.....	.....	380
Percentage positive .....	.....	.....	.....	.....	23.1
Number positive X-rayed .....	.....	.....	.....	.....	312
Number of abnormal X-rays .....	.....	.....	.....	.....	Nil

Two entire schools were tested, following a case being found in each school, the numbers being as follows :—

#### School (a)—ages 5 to 18

Number tested	.....	.....	.....	.....	.....	337
Number negative	.....	.....	.....	.....	.....	184
Number positive	.....	.....	.....	.....	.....	136
Number re-tested	.....	.....	.....	.....	.....	179
Number negative	.....	.....	.....	.....	.....	149
Number vaccinated	.....	.....	.....	.....	.....	141
Number positive	.....	.....	.....	.....	.....	22

#### School (b)—ages 5 to 11

Number tested	.....	.....	.....	.....	.....	495
Number negative	.....	.....	.....	.....	.....	440
Number positive	.....	.....	.....	.....	.....	52
Number re-tested	.....	.....	.....	.....	.....	391
Number negative	.....	.....	.....	.....	.....	355
Number vaccinated	.....	.....	.....	.....	.....	340
Number positive	.....	.....	.....	.....	.....	2

#### Contacts at other Schools

Number tested	.....	.....	.....	.....	.....	81
Number negative	.....	.....	.....	.....	.....	64
Number positive	.....	.....	.....	.....	.....	14
Number vaccinated	.....	.....	.....	.....	.....	8

### PHYSIOTHERAPY

#### Schoolchildren treated at the Health Centre

(a) REFERRED BY CHEST PHYSICIAN						
Breathing Exercises	.....	.....	.....	.....	.....	5
(b) REFERRED BY SCHOOL MEDICAL OFFICERS						
Breathing Exercises	.....	.....	.....	.....	.....	44
Foot Exercises	.....	.....	.....	.....	.....	40
Other Exercises	.....	.....	.....	.....	.....	54
Sunlight treatment	.....	.....	.....	.....	.....	105
TOTAL ATTENDANCES	.....	.....	.....	.....	.....	5263

#### Cases treated at Open-Air School

No. of sessions attended by Physiotherapist	.....	.....	160
TOTAL NUMBER OF TREATMENTS GIVEN	.....	.....	1618

### INFECTIOUS DISEASES

	1962	1961	1960	1959
Scarlet Fever	20	45	110	124
Whooping Cough	2	7	60	42
Measles	433	359	369	722
Cerebro-Spinal Fever	2	4	1	3
Sonne Dysentery	8	1	17	25
Poliomyelitis	1	—	—	—
Food Poisoning	—	—	—	14
Encephalitis	1	—	—	1
Erysipelas	—	—	1	1
Lymphatic Meningitis	—	1	—	—

Diphtheria Immunisation

Number of children who received primary injections .....	848
Number of children who received " booster " doses .....	1770
Total .....	2447

HANDICAPPED PUPILS

	Boys	Girls	Total
BLIND			
At home, having home tuition .....	1	—	1
In Residential Schools .....	1	1	2
Under School Age .....	1	—	1
PARTIALLY SIGHTED			
Attending Day Special School for E.S.N. ....	1	—	1
Attending Open-Air School .....	2	—	2
Attending Primary and Secondary Schools under observation .....	4	4	8
DEAF			
In Residential Schools .....	5	2	7
PARTIALLY DEAF			
In Residential Schools .....	3	3	6
Awaiting place in Residential School .....	—	1	1
Awaiting place in Open-Air School .....	—	1	1
Attending Primary and Secondary Schools under observation (including children having Lip Reading lessons) .....	3	5	8
PHYSICALLY HANDICAPPED			
In Residential Schools .....	1	—	1
In Open-Air School .....	8	16	24
In Day School for E.S.N. Children .....	1	—	1
At home, having home tuition .....	3	5	8
In ordinary schools, under observation .....	39	41	80
Under School Age .....	5	10	15
DELICATE			
In Residential Schools .....	—	2	2
In Open-Air School .....	15	8	23
Attending Day Special School for E.S.N. ....	1	—	1
At home having home tuition .....	2	2	4
In ordinary schools .....	33	23	56
DIABETIC			
Having home tuition .....	—	1	1
Attending ordinary schools, under observation .....	8	2	10
MALADJUSTED			
In Residential Schools .....	16	—	16
In Hostels, attending day schools .....	—	2	2
At home, having Home Tuition .....	1	—	1
EDUCATIONALLY SUBNORMAL			
In Residential Schools .....	5	2	7
In Day Special Schools .....	93	60	153
EPILEPTIC (including Petit Mal)			
In Residential Schools .....	2	—	2
Attending Open-Air School .....	2	—	2
In Day Special School for E.S.N. ....	1	—	1
Excluded—to have further period in school later .....	1	—	1
Attending ordinary schools, under observation .....	20	17	37



## SPEECH

Boys Girls Total

Attending Day School for E.S.N. ....	—	1	1
Attending ordinary schools .....	2	—	2

## CO-OPERATION OF VOLUNTARY BODIES

During the year the Chief Constable's Clothing Fund supplied 260 children in need of clothing and footwear—136 boys and 124 girls. In addition, footwear only was supplied to 238 children, and articles of clothing only to 355 children.

## SCHOOL DENTAL SERVICE

The staff of the School Dental Clinics during 1962 consisted of the Chief Dental Officer, two full-time Dental Officers, and two part-time Dental Officers—the equivalent of approximately four Dental Officers. The staff is sufficient to give a fully comprehensive Inspection and Dental treatment to all children in each period of twelve months, including casual patients who attend for the relief of toothache.

At Routine Dental Inspections by the Dental Officers, 15,722 children were inspected, and 866 casual patients attended for emergency treatment. Of these numbers, 11,142 were found to require treatment. During the year, 2,373 general anaesthetics were administered by the Dental Officers.

The Consulting Dental Surgeon continued to treat Orthodontic patients, and two sessions weekly were held. Twenty patients attended for Oral Surgery; appliances fitted totalled 143, and 91 patients had their treatment completed.

During the year some weeks were lost at the Bennett Avenue Dental Clinic by the resignation of two Dental Surgery Assistants, who had given long and valuable assistance to the Dental Officers. Both have now left the School Dental Service, while another left to be married. Some difficulty has been experienced in obtaining really experienced replacements for these most essential assistants.

The number of Casual patients has continued to reduce, and so also has the amount of treatment required for those patients who accept Dental Treatment.

Some further progress seems to have been made towards the day when the addition of Fluoride to domestic water supplies will take place, although some bodies and Local Authorities are against the scheme, despite the considerable evidence that this addition does considerably increase the immunity to caries, especially in children and adolescents. Those who have visited areas where the water supply contains the optimum quantity of Fluoride have been impressed by the almost complete absence of interstitial cavities particularly in incisor teeth.

It must be pointed out that it will probably be at least ten years before the effect of Fluoride will become self-evident.

## MATERNITY AND CHILD WELFARE SERVICE, 1962

The Chief Dental Officer has continued the system of Inspections at the Intake Clinic for Expectant Mothers, at the Health Centre.

It has been noted that the number of patients who attend regularly at their own private dentist (i.e. six-monthly intervals) form the far greater proportion of these patients. Fortunately only a very small number refuse any dental treatment other than extractions for the relief of toothache.

Since it became possible for expectant mothers to obtain dentures free under the Priority Health Services, the demand for this particular treatment has virtually ceased.

Pre-School children continued to be treated by the Dental Officers, but it must be stated that as the service became more widely known, it was expected that the number would have increased more quickly than at present.

While some fillings have been done, the main demand is for extractions for the relief of toothache.

**MINISTRY OF EDUCATION**  
**MEDICAL INSPECTION AND TREATMENT**

**PART I**

**MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A.—Periodic Medical Inspections**

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding Dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other conditions	Total individual pupils
		No.	% of Col. (2)	No.	% of Col. (2)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	111	111	100.0	—	—	—	19	18
1957	1,141	1,128	98.86	13	1.13	7	135	134
1956	397	393	98.99	4	1.00	5	46	49
1955	61	58	95.08	3	4.91	2	3	4
1954	44	44	100.0	—	—	1	1	2
1953	40	40	100.0	—	—	6	4	10
1952	439	438	99.77	1	0.22	32	14	39
1951	877	874	99.65	3	0.34	49	40	72
1950	1,173	1,168	99.57	5	0.42	68	48	90
1949	377	371	98.4	6	1.59	27	3	24
1948	412	411	99.75	1	0.24	29	18	39
1947 and earlier	1,612	1,610	99.87	2	0.12	70	27	81
TOTAL	6,684	6,646	99.43	38	0.56	296	358	562

**Table B.—Other Inspections**

Number of Special Inspections	.....	.....	.....	.....	336
Number of Re-Inspections	.....	.....	.....	.....	1,287
				Total	..... 1,623

**Table C.—Infestation with Vermin**

- (a) Total number of individual examinations of pupils by school nurses or other authorised persons ..... 29,937
- (b) Total number of individual pupils found to be infested ..... 249
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2)), Education Act, 1944 ..... —
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3)), Education Act, 1944 ..... —

**Table D.—Screening Tests of Vision and Hearing**

1.	(a) Is the vision of entrants tested ? .....	No
	(b) If so, how soon after entry is it done ? .....	—
2.	If the vision of entrants is not tested, at what age is the first vision test carried out ? .....	7+
3.	How frequently is vision testing repeated throughout a child's school life ? .....	At 7+ ; 10+ ; 14+
4.	(a) Is colour vision testing undertaken ? .....	No
	(b) If so, at what age ? .....	—
	(c) Are boys and girls tested ? .....	—
5.	By whom is vision and colour testing carried out ? .....	—
6.	(a) Is audiometric testing of entrants carried out ? .....	No
	(b) If so, how soon after entry is it done ? .....	—
7.	If the hearing of entrants is not tested, at what stage is the first audiometric test carried out ? .....	6+
8.	By whom is audiometric testing carried out ? .....	Audiometrician



## PART II

### DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

**Table A.—Periodic Inspections**

Defect Code No.	Defect or Disease		PERIODIC INSPECTIONS			
			Entrants	Leavers	Others	Total
4	Skin	T	2	6	7	15
		O	16	11	33	60
5	(a) Vision	T	7	70	219	296
		O	5	213	339	557
	(b) Squint	T	14	3	5	22
		O	8	3	33	44
	(c) Other	T	—	—	1	1
		O	3	1	7	11
6	(a) Hearing	T	4	3	4	11
		O	11	5	55	71
	(b) Otitis Media	T	1	—	2	3
		O	7	—	14	21
	(c) Other	T	—	1	1	2
		O	5	—	10	15
7	Nose and Throat	T	47	3	53	103
		O	137	8	115	260
8	Speech	T	17	—	12	29
		O	16	2	12	30
9	Lymphatic Glands	T	2	—	—	2
		O	14	—	10	24
10	Heart	T	—	2	2	4
		O	7	9	23	39
11	Lungs	T	6	—	9	15
		O	29	11	58	98
12	(a) Hernia	T	2	—	2	4
	(b) Other	O	15	1	29	45
13	(a) Posture	T	—	3	10	13
		O	4	7	47	58
	(b) Feet	T	7	—	8	15
		O	15	6	42	63
	(c) Other	T	8	1	15	24
		O	24	20	53	97
14	(a) Epilepsy	T	5	—	1	6
		O	11	14	12	37
	(b) Other	T	—	—	4	4
		O	2	4	10	16
15	(a) Development	T	—	—	1	1
		O	4	—	6	10
	(b) Stability	T	38	—	29	67
		O	52	2	57	111
16	Abdomen	T	—	2	2	4
		O	6	7	22	35
17	Other	T	3	—	1	4
		O	6	11	28	45

**Table B.—Special Inspections**

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin ....	2	—
5	Eyes (a) Vision ....	—	—
	(b) Squint ....	—	—
	(c) Other ....	3	—
6	Ears (a) Hearing ....	1	—
	(b) Otitis Media ....	—	—
	(c) Other ....	—	—
7	Nose and Throat ....	—	—
8	Speech ....	—	—
9	Lymphatic Glands ....	—	—
10	Heart ....	2	—
11	Lungs ....	13	—
12	Development (a) Hernia ....	—	—
	(b) Other ....	—	—
13	Orthopaedic (a) Posture ....	—	—
	(b) Feet ....	—	—
	(c) Other ....	18	—
14	Nervous System (a) Epilepsy ....	2	—
	(b) Other ....	1	—
15	Psychological (a) Development ...	163	—
	(b) Stability ...	14	—
16	Abdomen ....	3	—
17	Other ....	5	—

**PART III**  
**MEDICAL INSPECTION AND TREATMENT**  
**TREATMENT OF PUPILS ATTENDING MAINTAINED**  
**PRIMARY AND SECONDARY SCHOOLS**  
**(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**Table A.—Eye Diseases, Defective Vision and Squint**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .....	256
Errors of refraction (including squint) .....	886
Total .....	1,142
Number of pupils for whom spectacles were prescribed .....	478

**Table B.—Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear .....	5
(b) for adenoids and chronic tonsillitis .....	366
(c) for other nose and throat conditions .....	76
Received other forms of treatment .....	920
Total .....	1,367
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1962 .....	2
(b) in previous years .....	22

**Table C.—Orthopaedic and Postural Defects**

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at Clinics or Out-Patient Departments .....	134
(b) Pupils treated at school for postural defects .....	13
Total .....	147

**Table D.—Diseases of the Skin**

	<i>Number of cases known to have been dealt with</i>
Ringworm—(a) Scalp .....	—
(b) Body .....	7
Scabies .....	11
Impetigo .....	37
Other skin diseases .....	887
Total .....	942



**Table E.—Child Guidance Treatment**

	<i>Number of cases known to have been dealt with</i>
Pupils treated at Child Guidance Clinics .....	402

**Table F.—Speech Therapy**

	<i>Number of cases known to have been dealt with</i>
Pupils treated by Speech Therapists .....	204

**Table G.—Other Treatment Given**

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments .....	1,017
(b) Pupils who received convalescent treatment under School Health Services arrangements .....	7
(c) Pupils who received B.C.G. Vaccination .....	1,106
(d) Other than (a), (b) and (c) above :—	
Medical .....	425
Nervous System .....	16
Psychological .....	124
Physiotherapy .....	318
Diphtheria Immunisation .....	1,836
Total (a) to (d) .....	<u>4,849</u>

## PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED DECEMBER, 1962

#### (a) Dental and Orthodontic Work

I. Number of pupils inspected by the Authority's Dental Officers :—			
i. At Periodic Inspections .....	15,712		
ii. As Specials .....	866	Total (I.)	16,578
II. Number found to require treatment .....			11,142
III. Number offered treatment .....			7,242
IV. Number actually treated .....			4,282

#### (b) Dental Work (other than orthodontics)

I. Number of attendances made for treatment excluding those recorded at (c) below .....			9,005
II. Half-days devoted to :—			
i. Periodic (School) Inspections .....	92		
ii. Treatment .....	1,680	Total (II.)	1,772
III. Fillings :—			
i. Permanent Teeth .....	6,731		
ii. Temporary Teeth .....	123	Total (III.)	6,854
IV. Number of Teeth filled :—			
i. Permanent Teeth .....	6,096		
ii. Temporary Teeth .....	123	Total (IV.)	6,219
V. Extractions :—			
i. Permanent Teeth .....	1,365		
ii. Temporary Teeth .....	4,247	Total (V.)	5,612
VI. Administration of general anaesthetics for extraction .....			2,373
VII. Number of pupils supplied with artificial teeth .....			36
VIII. Other operations :—			
i. Permanent Teeth .....	1,468		
ii. Temporary Teeth .....	17	Total (VIII.)	1,485

#### (c) Orthodontics

I. Number of attendances made by pupils for orthodontic treatment .....		1,463
II. Half days devoted to orthodontic treatment .....		112
III. Cases commenced during the year .....		90
IV. Cases brought forward from the previous year .....		231
V. Cases completed during the year .....		91
VI. Cases discontinued during the year .....		26
VII. Number of pupils treated by means of appliances .....		139
VIII. Number of removable appliances fitted .....		82
IX. Number of fixed appliances fitted .....		61

# **ANNUAL REPORT OF THE ORGANISER OF PHYSICAL EDUCATION FOR THE YEAR 1962**

Why do we include Physical Education in the Report of the School Medical Officer of Health ? Because health is among the benefits which Physical Education confers on all who come into its sphere of influence. Good health is a desirable part of life for all individuals and together with health comes happiness.

It has been proved that active people are healthier and have more resistance to disease, than sedentary people. There is a natural desire in every individual for movement and activities but with the ever increasing supply of ready-made entertainment and mechanical transport this desire is becoming obliterated. It is necessary, therefore, to extend our school curriculum to include Physical Education in the broadest aspect possible.

Physical Education trains the child in movement and activities and to develop skills. This helps to give the child self-confidence, control and poise and educate him to have a desire to pursue activities of his own choice. Besides this Physical Education should assist in developing an individual to live, work and co-operate with others, thus making him acceptable in society.

## **Primary Schools**

Good progress continues to be made in the physical education syllabus of our primary schools, and a very high standard of teaching, and performance by pupils, has been reached in some aspects of the programme. It is intended to make a coloured film before the end of the present academic year, of some of the work being done. All teachers are now fully conversant with, and able to make good use of the suggestions offered in the Ministry of Education's publications issued for the guidance of the Primary School teacher. Additional apparatus has been provided, where required, to implement some of the suggestions. Country dancing and Modern Educational Dance are regular features of the P.E. programme in most schools.

## **Junior Games**

The choice of games and the amount of time devoted to games training, varies from school to school according to the facilities available. Individual and group training practices, as well as minor games, are regularly practised. In addition, a good standard is reached in Association Football for boys and netball for girls. A comprehensive programme of inter-school fixtures out of normal school working hours is arranged. During the summer months, a fair amount of time is devoted to training in athletic events, culminating in a keenly-contested Inter-schools meeting, at which a high standard of performance is shown. All Junior Schools now hold their own Sports Day.

## **Secondary Schools (Girls)**

Work continues in the secondary schools covering a wide range of subjects, but it is inevitable that owing to facilities available certain schools specialise in certain activities. Although the building programme continues steadily and the schools become better equipped, there are still many difficulties to be overcome before the ideal can be reached. One of the greatest of those difficulties is the English weather, for when the weather is bad, which is all too frequent, Blackpool lacks indoor accommodation. This does not only upset the outdoor activities but also the indoor ones as classes have to be doubled together under such circumstances, thus breaking into the routine of the indoor lessons.

The girls, however, manage to achieve some good standards in their indoor work mainly due to the vitality and ever enterprisingness of their staff. This is shown in the gymnastic competitions held annually in many of the secondary schools.



## **Dance**

This in itself is a wide subject as there are a great number of branches. National and Country Dancing dominates in the Blackpool schools. Done well, much can be gained from this form of dance. Most schools touch on Ballroom Dancing to give the pupils the basic steps but quite rightly they leave the more advanced work for the professionals if the girls so desire to pursue the subject. Modern Educational Dance, which needs specialist teaching, is a subject that can give all girls, but especially the less gymnastically able ones, the stimulus which they need to gain confidence and enjoyment in moving. Although it is taught a little in some schools its full value has not yet been explored in Blackpool.

## **Secondary Games (Girls)**

With the publicity given to Olympic Games, International and National meetings and the continued breaking of records, there is a tendency for success to be assessed on standards gained at national and town level, when achievements in this field are only for the few. Success in a school should be based on the attitude and approach of every individual to this side of the school life. This is shown in the Blackpool Schools in the keen house competitions, held within the schools which continue throughout the year in Netball, Hockey, Rounders, Swimming and Athletics.

### **(a) Netball**

The girls in all the secondary schools show a spirited and lively approach to this sport. There has been keen competition amongst the schools in the Netball League matches played throughout the season. The standard of play in the town team is good.

### **(b) Hockey**

Although facilities are increasing, in general conditions of playing areas are poor. Thus often frustration is the only result of enthusiasm and hard work. More of the secondary schools are endeavouring to teach the game and some friendly matches between schools have been arranged.

### **(c) Rounders**

This game continues to be an ever-popular sport and is played in all the schools. Often there is not enough emphasis on the finer points of the game and through lack of practice of the basic skills its true value is underestimated.

### **(d) Tennis**

Tennis is a sport which has lasting value to an individual—Tennis clubs are a medium of social contact and activities. No girl is really welcome in a club if she is a “rabbit”. Often much hard practice is needed on the part of a girl to obtain a reasonable standard of play. Interest is high amongst the Blackpool pupils, but due to the lack of school courts the much-needed continual practice to acquire this skill is non-existent. Many girls only manage half an hour once a fortnight, which is virtually useless. Match play only exists at the Grammar school level.

### **(e) Badminton**

It is pleasing to find that badminton is being started in some of the secondary schools as a club or Sixth Form activity.

## **Secondary Schools (Boys)**

The standard of work generally has been good and the teachers responsible are to be congratulated. At different schools, depending on the particular facilities available, and the special interests of the members of staff concerned with physical education, stress is naturally laid on different aspects of physical education. For example in those schools which have not as yet been provided with a fully equipped gymnasium, more time is devoted to agility work, vaulting on the portable apparatus, basketball, and two schools, which possess first-class boxers amongst their teaching staff, are noted for their boxing teams. Trampolining is much in evidence at those

schools which have been provided with trampolines and pupils are prepared for the awards of the British Trampolining Association. Newer methods of approach to the gymnastic lesson, particularly movement sequences, have proved their worth. Many schools hold annual gymnastic competitions.

## **Athletics**

A very high standard, not only of individual, but of general performance, was attained during the athletic season. Once again, the Blackpool Boys' Team and the Blackpool Girls' Team were successful in winning the championships in the Lancashire Schools' Championships. We had four representatives in the National Championships, Susan Mills gaining first place in the 80 metres hurdles event and Peter Riley second place in the pole vault. Both were subsequently chosen to represent England.

## **Secondary Games (Boys)**

### **(a) Association Football**

A high standard of play has, as always, been reached in this most popular sport in the winter games syllabus. This is due largely, not only to correct group coaching techniques being used extensively, but also to the improved playing field facilities and the increased amount of time it is now consequently possible to devote to the actual game as distinct from the time taken in travelling to suitable playing fields. The Blackpool and District Secondary Schools' Football Association also play an important part in arranging a big programme of inter-school fixtures, and it is chiefly due to the large amount of match practice thus obtained, that the Town team invariably reach the advanced stages of the Lancashire Schools' and English Schools' Competitions. This year the team reached the final of the Lancashire Schools' Competition being defeated by a very strong Liverpool team, and we also reached the open draw of the English Competition, being narrowly defeated by Stoke, the eventual winners. John Hurst, the Blackpool Captain, represented England in all internationals of the season. He is the first Blackpool boy to be so honoured.

### **(b) Rugby Union Football**

Several schools now play Rugby football in addition to soccer and it is felt that boys should be given the opportunity of playing both games. Very enjoyable seven-a-side competitions are arranged annually in conjunction with local clubs and an increasing number of inter-school fixtures have been played.

### **(c) Basketball**

This game is now played in all boys' secondary schools and is undoubtedly increasing in popularity as the standard of play improves. A team was entered in the National Championships for only the second time this year and wins against Newcastle and Sunderland have brought the team through to the quarter-finals. A high standard of play is evident in those schools possessing a 70 ft. x 40 ft. gymnasium.

### **(d) Boxing**

Only two schools include boxing as a regular part of the physical-education programme. At these schools, however, a high standard of coaching, control and refereeing is in evidence and very successful inter-house tournaments are arranged.

### **(e) Cricket**

With increased opportunities for taking part in various aspects of physical education, this game now seems to be losing some of its popularity. This may also be partly explained by the unsuitable weather throughout practically the whole of the summer term. Other form of physical recreation, less dependent on weather and ground conditions, have, therefore, gained popularity at the expense of cricket. Nevertheless, along with athletics, cricket remains the major outdoor activity during the summer term.



#### **(f) Tennis**

Comparatively little tennis is played as only two schools possess tennis courts of their own. Full use is, however, made of the courts made available to us by the Parks Department and, if additional courts can be provided for schools, there is no doubt that more time could profitably be devoted to instruction.

#### **(g) Hockey**

Where facilities permit, there is room for this game in addition to Association Football and Rugby Football. The game is firmly established at one boys' school, and a good standard of play in regular school fixtures has been attained.

### **Club Activities and Out-of-School Activities**

#### **(a) Archery**

Popular at one school.

#### **(b) Weight Training**

Practised as a club activity at one school.

#### **(c) Dinghy Sailing and Canoeing**

With magnificent help from the Parent/Teachers/Friends' Association of one school, a sailing and canoeing club has been established. Three Heron Class sailing dinghies and three canoes have been purchased along with a trailer and all ancillary safety equipment. Strict rules regarding safety regulations are enforced, and regular sailing sessions are held, with the co-operation of the Parks Committee, on Stanley Park Lake. Several members of staff at the school concerned take an active part in the organisation of the Club's affairs.

#### **(d) Badminton**

A popular club activity at some schools.

#### **(e) The Duke of Edinburgh's Award Scheme**

During the year, three schools have participated in the Scheme for Boys and Bronze Badges have been awarded to successful candidates. A number of these candidates are at present preparing for the Silver Award.

#### **(f) Camping**

The annual school camp is a regular feature in the life of many schools. Lightweight camping is also rapidly increasing in popularity, and lightweight units are in demand by boys qualifying in the Expedition Section of the Duke of Edinburgh's Award Scheme.

The Authority possesses at present 27 large tents, 50 small tents and six lightweight tents, all of which were in constant demand by Schools and Youth Organisations throughout the summer months.

### **Swimming**

Both the Cocker Street Bath and the Derby Learner's Pool have been made full use of by the schools and the attendances of classes have been high with the Derby Big Pool and the Lido bath having their quota of classes. The total number of attendances was 105,896 in 1962. Much good work has been achieved in this sphere, especially where teaching facilities are good as in the Cocker Street bath and the Derby Learner's Pool.

Swimming certificates awarded during the year amounted to 1,884. Some pupils were presented with the awards of the Royal Life Saving Society.



## Attendances during the Year

	<i>Classes</i>	<i>Pupils</i>
Derby Bath .....	1,074	29,844
Cocker Street Bath .....	1,654	41,066
Lido Swimming Pool .....	1,369	34,986
		<hr/> 105,896 <hr/>

## Comparison of attendances in the past six years

1957	1958	1959	1960	1961	1962
79,750	109,871	119,775	104,369	105,213	105,896

## Certificates issued during the year 1962

### Girls' School

	<i>Learners</i>	<i>Elementary</i>	<i>Inter- mediate</i>	<i>Advanced</i>	<i>Totals</i>
Baines Endowed J. ....	17	7	—	—	24
Bispham Endowed J. ....	7	5	—	—	12
Claremont J. ....	30	10	—	—	40
Grange Park J. ....	35	10	—	—	45
Hawes Side J. ....	24	13	—	—	37
Highfield .....	33	29	—	—	62
Holy Family J. ....	22	9	—	—	31
Layton J. ....	20	9	—	—	29
Norbreck J. ....	37	14	—	—	51
Our Lady J. ....	23	11	2	—	36
Palatine .....	57	31	—	—	88
Park .....	3	—	—	—	3
Revoe J. ....	31	3	—	—	34
Roseacre J. ....	21	12	—	—	33
Stanley J. ....	19	7	—	—	26
St. Columba's J. ....	16	1	—	—	17
St. George's .....	24	39	11	2	76
St. John's C.E. J. ....	3	3	—	—	6
St. John Vianney J. ....	22	8	—	—	30
St. Kentigern's J. ....	16	4	—	—	20
St. Nicholas' J. ....	12	3	—	—	15
St. Wilfrid's J. ....	20	3	—	—	23
Thames Road J. ....	26	10	—	—	36
Thames Road Senior	1	4	3	3	11
Tyldesley .....	32	24	10	2	68
Waterloo J. ....	25	8	—	—	33
	<hr/> 576 <hr/>	<hr/> 277 <hr/>	<hr/> 26 <hr/>	<hr/> 7 <hr/>	<hr/> 886 <hr/>

### Boys' School

	<i>Learners</i>	<i>Elementary</i>	<i>Inter- mediate</i>	<i>Advanced</i>	<i>Totals</i>
Arnold .....	23	39	10	8	80
Baines Endowed J. ....	15	10	—	—	25
Bispham Endowed J. ....	9	7	—	—	16
Claremont J. ....	35	19	—	—	54
Grange Park J. ....	31	8	—	—	39
Hawes Side J. ....	17	6	—	—	23
Highfield .....	8	11	26	4	49
Holy Family J. ....	24	11	—	—	35
Layton J. ....	17	4	—	—	21
Norbreck J. ....	32	16	—	—	48
Carried Forward	<hr/> 211 <hr/>	<hr/> 131 <hr/>	<hr/> 36 <hr/>	<hr/> 12 <hr/>	<hr/> 390 <hr/>

	<i>Learners</i>	<i>Elementary</i>	<i>Inter- mediate</i>	<i>Advanced</i>	<i>Totals</i>
Brought Forward	211	131	36	12	390
Our Lady J. ....	19	11	—	—	30
Palatine ..... ..	50	41	9	—	100
Park ..... ..	13	4	—	—	17
Revoe J. .... ..	40	18	—	—	58
Roseacre J. .... ..	23	18	—	—	41
Stanley J. .... ..	23	9	—	—	32
St. Columba's J. ....	32	6	—	—	38
St. George's ..... ..	38	40	14	3	95
St. John's C.E. J. ....	4	2	—	—	6
St. John Vianney J. ....	22	14	—	—	36
St. John Vianney Sec. ....	24	25	—	—	49
St. Kentigern's J. ....	16	4	—	—	20
St. Nicholas' ..... ..	5	4	—	—	9
St. Wilfrid's J. .... ..	19	—	—	—	19
Thames Road J. .... ..	19	7	—	—	26
Waterloo J. .... ..	21	9	—	—	30
	<hr/> 579	<hr/> 343	<hr/> 59	<hr/> 15	<hr/> 996
Grand Total ..... ..	<hr/> 1,157	<hr/> 620	<hr/> 85	<hr/> 22	<hr/> 1,884

### Winter Gardens Shield (Girls)

Winners : Our Lady of the Assumption and St. Cuthbert's R.C.

### Tower Shield (Boys)

Winners : Our Lady of the Assumption and St. Cuthbert's R.C.

These shields are awarded to Junior Schools with the highest percentage of fourth year girls and boys, respectively, able to swim a distance of 25 yards.

### Swimming Galas

The secondary schools swimming galas were held as usual during the Autumn term. All maintained a good standard of performance and in general were well supported by parents and friends.

The Combined Schools' Swimming Gala was again held at the end of October and proved to be a most enjoyable and exciting event.

### Open-Air School Swimming Class

This class for handicapped children was held once a week throughout the year, with most encouraging results.

We are again extremely grateful to Mr. Quinlan, the Manager of the Norbreck Hydro, for granting us, so readily, the use of their swimming pool. Our thanks also go to Mrs. Firth, the Headmistress of Beechwood Private School for being so willing and co-operative in accommodating this class for the summer term when the Norbreck Hydro swimming pool was out of commission.

### Playing Fields

New playing fields, comprising three football pitches, an athletics track, jumping pits, and a cricket square, have been constructed at the junction of Highfield Road and St. Annes Road for use by Highfield School and Roseacre Junior School. These facilities will be available for use early next year and will meet a long-felt demand. Hitherto Highfield School have required daily transport to the Parks Department fields at Common Edge Road.

To complete the excellent facilities here, it is hoped that it will be possible to erect a suitable pavilion for changing purposes.

The new playing fields recently taken over at the Park School are now in full use.



All our other playing fields have been well maintained. However, only by keeping a careful check on the dual use of these fields by Schools and Youth Organisations on the one hand, and by outside organisations on the other, can we hope to maintain the playing fields in a condition fit for all to use to the maximum. Indiscriminate use would soon see a great deterioration in their condition.

### **Further Training of Teachers**

During the year the following teacher-training courses were held :—

1. The Twenty-third Annual Easter School of Physical Education was held during Easter week—792 students attending the 24 different courses organised.
2. An eight-session course (practical and theoretical) on Dinghy Sailing was well-attended by teachers interested in starting these activities in school. Practical Sailing tuition was given at Fairhaven Lake.
3. A twelve-session course on Trampolining was held during the Easter term.
4. Short lecture/demonstrations were given at various Junior Schools, dealing with the physical education lesson in the Junior School.

### **Cavalcade of Sport**

The eleventh Annual Cavalcade of Sport was once again held at the Tower Circus in March with the usual matinee performance for schoolchildren. The programme consisted of a wide variety of items, all of which were well received by capacity audiences. It is felt that this presentation is an enjoyable way of showing some of the many and varied aspects of the work attempted in the field of physical education in our schools at the present time.

### **The Blackpool Schools' Sports Council**

The Council, to which all the constituent Sports Associations are affiliated, continued to play a very important part in all out-of-school activities. The Council by its various activities is mainly responsible for providing the financial means whereby all pupils of our Blackpool schools are given the opportunity of competing in various sporting activities at County and National level, as well as arranging a great deal of inter-school competition.

## **REPORTS OF THE CONSTITUENT ASSOCIATIONS, BLACKPOOL SCHOOLS' SPORTS COUNCIL**

### **Association Football—Primary Schools**

(Hon. Secretary : Mr. G. E. Pearson, St. Columba's Junior School)

Three leagues are in operation in Primary Schools' Football during the present 1962/63 season and are comprised as follows :—

North Section—10 teams

South Section—9 teams

Reserve League—5 teams

Each Saturday morning almost 300 boys are engaged in competitive football and in order to practise the teams at least a further 300 boys are engaged in after school practice matches.

In addition to the leagues an annual knock-out competition is held. The final of this competition always takes place towards the end of the Spring term and is the chief event of the season. At the conclusion of this match medals and trophies are awarded to teams which have been the most successful during the season and are presented by some sporting personality.

The Honours List for 1961/62 season was as follows :—

Knock-out Competition :

St. Wilfrid's (Winners)

Norbreck (Runners-up)



North Section :

Norbreck (Winners)  
Layton (Runners-up)

South Section :

St. John Vianney (Winners)  
St. Wilfrid's (Runners-up)

Minor League Trophy :

Holy Family (Winners)  
Bispham (Runners-up)

### **Association Football—Secondary Schools**

(Hon. Secretary : Mr. F. P. Marrow, St. John Vianney Secondary School)

During the season 1961/62 twelve schools fielded forty-two teams altogether in the competitions organised by the Blackpool and District Secondary Schools' Football Association.

The current holders of trophies are :—

Under-15 league competition—Baines Grammar School  
Under-14 league competition—Baines Grammar School  
Under-13 league competition—Baines Grammar School  
Under-12 league competition—Baines Grammar School

The winners of the Under-15 knock-out competition—St. George's School.

Concerning complaints made last year with regard to the pitches there is still room for improvement at places such as Layton Flashings and Mad Nook but here some amelioration is on the way.

Competitions organised for this season are for the first time being organised on a friendly basis with the co-operation of Headmasters arranging time-tables to coincide, etc., so that some games could take place during school time.

At the end of the season the destination of the trophies will be decided by knock-out competitions.

During the 1961/62 season the town representative team was again most successful. For the first time it reached the final of the Lancashire School Trophy Competition and also qualified as one of the Lancashire teams to enter the open draw of the English competition. We were narrowly defeated by Stoke who were the eventual winners.

Once again the under-14 town team won the Divisional competition for the under-14 town teams.

At the time of writing, this year's town team has again reached the open draw stage of the English competition and has also reached the Lancashire quarter finals.

The Blackpool Captain, J. Hurst (St. George's), was selected for England in all the Internationals of the season and was the first Blackpool boy to be so honoured. This season the Captain, E. Curwen (Montgomery), appears to be taking the same path by being an early choice for the English trials.

### **Blackpool and District Schools' Athletic Association**

(Hon. Secretary : Miss S. Slater, Arnold Girls' School)

The season has been a busy and successful one with the usual activities. The first event was the Inter-School Cross-Country Championships held on 7th February, 1962. Teams were entered in the Lancashire Schools Cross-Country Championships when Blackpool were placed third in both the Intermediate and Senior Sections.

In the Lancashire Track and Field Championships both the Blackpool Girls' Team and the Blackpool Boys' Team were again successful in winning the Championships. As a result of their success in the Championships five boys and four girls were chosen to represent Lancashire in a match against Cheshire and two boys and two girls chosen to represent Lancashire in the All-England Schools' Championships. Susan Mills came first in the 80 metres Hurdles race and Peter Riley second in the pole vault, and both were chosen to represent England in a match with Scotland and Wales where Susan Mills won the 80 metres Hurdles race.

The most important event of our season was the Inter-School Sports held at Stanley Park on 12th July and the meeting was very successful.

The Annual Triangular Athletic Match with Manchester and Blackburn Schools was held in Manchester on 6th July and again proved successful for both the girls' and boys' teams.

### **Blackpool Junior Schools' Sports Association**

(Hon. Secretary : Mr. S. D. Bates, Revoe Junior School)

The main event of the Athletics Programme was undoubtedly the Sports Final at Hawes Side Field, when all 22 schools competed for the various shields. The events included throwing, jumping, agility and speed, and although Grange Park were clearly the best over-all side, Hawes Side, Baines, Stanley, Layton, Norbreck, Revoe, St. John Vianney and St. Wilfrid's all gained honours.

But the main value of the Sports Day lay in the fact that it was preceded by many hours of coaching practising and heats, much of it in out-of-school hours. The Junior Schools are fortunate in having in their service teachers who are both willing and able to help with their athletics.

A pleasing innovation has been the introduction of friendly games-cum-athletics meetings between schools, and it is to be hoped that this spreads.

### **Blackpool and District Schools' Basketball Association**

(Hon. Secretary : Mr. B. Jones, Montgomery School)

The Basketball League is now entered by six schools and games are played at under-15 level. This season has shown an increase in fixtures with each school playing all the others three times instead of the usual two. In addition to these games some schools play friendly fixtures at all ages, in many cases travelling all over the country.

In the 1961/62 season, Montgomery ran out as champions with Tyldesley runners-up, and in the annual tournament these schools again took 1st and 2nd place.

We welcome Highfield School to this year's league programme and despite very poor facilities for the game they are playing extremely well.

In the 1961/62 National Championships, Blackpool lost at home in the 1st Round to Manchester, 54-47, but in the 1962/63 Championships we have been very successful. A home game in the 1st Round brought a win over Newcastle and in the 2nd Round Blackpool were again triumphant. We are now in the quarter-final and look forward to continued success.

### **Blackpool Schools Amateur Boxing Association**

(Hon. Secretary : Mr. L. R. Smith, Claremont Boys' School)

The only activity in schools' boxing in the 1962 period came from Claremont School and St. George's School.

These were the schools' annual inter-house and individual championships.

Over 100 boys voluntarily entered for these championships which were decided in four age groups with six weight divisions in each age group.

All boys were well-instructed, and finally medically examined by the kind co-operation of the schools' Medical Service, before taking part in the championships.

### **Blackpool and District Secondary Schools' Cricket Association**

(Hon. Secretary : Mr. R. C. Breeze, Highfield School)

Eight schools took part in the under-15 Cricket League and played each other once. The championship was shared between St. George's and Palatine Schools.

Seven schools played friendly matches against each other in the under-13 age group.



The shortness of the season would appear to make any extension of this fixture list practically impossible.

One good feature is that more and more schools are playing matches on grass wickets and under reasonable circumstances, but there are still four schools who have to play their matches on concrete wickets, three of whom use public parks.

The Town Team had an unsuccessful season, losing at home to Walton-le-Dale and away to Lancaster and Preston. For the first time for many years, no boys were sent for a County Trial.

As the under-13 games seemed to produce better cricket on the whole than the under-15 games, it is hoped that an improvement in the standard of the Town Team can also be expected in the near future.

### Blackpool and District Secondary Schools' Netball League.

January to March saw the end of one Netball season and September to December the beginning of a new one.

The Netball Challenge Cup was presented at Tyldesley School on 11th April. Tyldesley were the winners, the placings being as follows :—

			<i>Points</i>
1.	Tyldesley	.....	78
2.	Montgomery	.....	58
3.	Hodgson	.....	56
4.	Claremont	.....	44
5.	Highfield	.....	35
6.	Bailey	.....	23
7.	St. George's	.....	22
8.	Palatine	.....	14

Palatine joined the League in September, 1961, but found difficulty in playing away matches and withdrew from the competition in November, 1962. In September, 1962, Thames Road were re-admitted to the League, after an interval of two years.

With the start of the new season in September, 1962, it was decided that each school should play the others once only, fixtures being determined by ballot. The decision was made because some schools found difficulty in playing all matches in the time allowed and few could play on Saturday.

By December, 1962, the results were as follows :—

			<i>Played</i>	<i>Points</i>
Bailey	.....	.....	3	6
Claremont	.....	.....	3	6
Highfield	.....	.....	4	12
Hodgson	.....	.....	3	18
Montgomery	.....	.....	3	14
St. George's	.....	.....	4	10
Thames Road	.....	.....	3	0
Tyldesley	.....	.....	4	14

### Blackpool Town Netball Team

The team is chosen from the best players of all schools in the League. Matches are played between towns in Lancashire, which is divided into sections for the purpose. A knock-out competition is played in each section, the final being at Blackpool in March. In addition, there are tournaments taking place throughout the season.

### Knock-out Competition

1st Round—

Blackpool v. Bury, at Manchester, on 10th February

Blackpool 17, Bury 13.



2nd Round—

Blackpool v. St. Helens, at Preston, on 17th February  
Blackpool 7, St. Helens 8.

### **Tournaments**

October 13th at Burnley—

Blackpool won 2, lost 2, finishing 2nd.

November 24th, at Blackpool—

Blackpool A won 2, lost 1, tying with Liverpool who won on goal average.

### **Blackpool Schools' Swimming Association**

(Hon. Secretary : Mr. B. Wilson, Tyldesley Secondary School)

The Association has once again played its part in the provision of out of school activities for Blackpool schoolchildren.

The first job of the year was to get the arrangements under way for the 1962 Cavalcade of Sport. Of course, the items presented at the Tower Circus are not only the result of time and skill put in by those interested in swimming. The Cavalcade is an example of the co-operation that exists in Blackpool Schools, and of the interest to show what can be done by the children. The result was another successful Cavalcade and everyone who appeared or worked behind the scenes deserves our thanks.

During the year training sessions were held on Tuesdays and Thursdays for the girls' and boys' swimming teams which entered the Lancashire Schools Championships. It is unfortunate that efforts made were not crowned with greater success and that some who could have made a better effort lacked the enthusiasm to produce it. However, three boys were selected for the Lancashire team and one went on to swim in the English Schools' National Championships at Epsom.

The Senior Championships of the L.S.S.A., held at the Lido Baths, were organised and presented by the Blackpool Association.

The final event of the year, the Annual Inter-Schools' Gala, held at Derby Baths in October, and attended by the Deputy Mayor and Deputy Mayoress, Councillors and Mrs. A. E. Stuart, produced some excellent swimming, and nine records were broken.

The Champion schools were the Collegiate School in the girls' events, and Highfield in the boys', and both schools were closely followed by their rivals. It was a most interesting and exciting afternoon's swimming for everybody.

### **Conclusion**

In conclusion, the Organisers of Physical Education wish to tender their sincere thanks and appreciation to all members of the Education Committee, the Parks Committee, the Baths Committee, the Tower and Winter Gardens Company, the First Assistant School Medical Officer, Her Majesty's Inspectors of Physical Education (Miss R. N. Dewey and Mr. E. E. Barnard), the Directors of Blackpool Football Club, the Committees of the Fylde and of the Thornton Cleveleys Rugby Union Football Clubs, the Blackpool and Fylde Fencing Club, the Keidokwai Judo Club, the Blackpool Basketball Club, the Officials of the Blackpool Swimming Club, the Directors of Blackpool Cricket Club, and to Parent/Teacher/Friends' Associations who help, often very considerably, with the provision of facilities which would otherwise not be available to the pupils of our schools.

The Organisers also wish to record their appreciation of all the help given by the Chief Education Officer and his Staff, the Head Teachers and Assistant Teachers of the Local Education Authority, without whose help and enthusiasm no lasting success could be achieved.

Miss A. H. BRANDRICK

N. W. BROUGHTON

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